Clinical Lectures
ON
INFANTILE PARALYSIS AND ITS RESULTING DEFORMITIES.

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LECTURE VII.

Of all deformities arising from paralysis of children, those of the foot are the most varied, and to the philosophical anatomist the most interesting. All the four conditions classed under the names varus, valgus, equinus, and calcaneus appear, as do their intermediates described by mingling together two of the above names; as, for instance, equino-varus, &c. Besides this, two other distortions—namely, flat-foot and pes cavus—are frequently met with. I have had occasion often to point out the fact, that the power which maintains any limb in normal position is muscular force, not ligamentous resistance; and that when the former fails, the latter yields so readily and rapidly as clearly to show how little mere ligament is adapted to withstand any prolonged strain. This is especially exemplified in the foot, which, bearing the full weight of the body, is more than any other part exposed to the frequent effect of considerable pressure. Thus if the surgeon rotate outwards the valgous foot of a child, certain of whose muscles are paralysed, he will find every joint of the tarsus extremely loose in that direction, but quite unyielding to the contrary movement. Especially will his attention be directed to the calcaneo-scaphoid joint, which is so lax on the inner side as to permit the foot, including the heel, to be twisted almost directly outwards, and this without any change in the position of the astragalus at the ankle-joint. In varus the medio-tarsal joint is that which is chiefly affected, yielding very readily to inward rotation and adduction, but not at all in the contrary direction. Both these instances show that the unsupported ligaments or the unsupported portion of a ligament will yield as a secondary consequence of muscular debility or paralysis.

In practice it is of importance that we should distinguish between two sets of cases: the one, in which a certain muscle or a certain group of muscles is paralysed, and in which the deformity is produced by the unopposed action of the sound organs; the other, in which all muscles have been paralysed, and none have gained sufficient power to deflex the limb, deformity, if present, being produced by position, the muscles on the shortened side hardening themselves to the length allowed them by that posture—as, for instance, equinus, by permitting the child to sit constantly with the foot hanging down.

Let us consider, in the former set of cases, what are the muscles whose paralysis (the antagonists remaining sound, or having regained power) would produce the different sorts of deformity.

Paralysis of	produces
Sural muscles	Pes cavus.
Anterior tibial	Clubfoot.
Extensor longus digitorum ...	1st stage of varo-equinus.
Tibialis posticus	1st stage of valgus.
Sural muscles and deep flexors	Calcaneus.
Tibial. post. & flexor long. digit.	Valgus.
Peronei	Varus.
Peronei with exten. long. digit.	Equino-varus.

It is conceivable, in theory, that more and other combinations of paralysed muscles may exist; in practice, I have only seen those above recorded.

I must also call especial attention to certain forms of lameness, which owe their existence to paralysis, yielding or almost passed away, which do not amount to deformity, although partaking of its nature, and which are either the remnants or partially developed conditions of varus, valgus, pes cavus, &c. These conditions are not much noticed among the class of hospital patients, but are considered in the higher classes of society, especially among girls, as very detrimental. The most common of these is combined of two stages. The affected foot we will suppose on the ground, abnormally everted, and about to be advanced. In making this movement, the foot is at the instant rotated inwards, then in advancing is inverted, so that the backs of the toes touch or nearly touch the tibia of the opposite limb, the sole looking somewhat backward. In further projection forward a contrary impulse is given: the foot swings outwards, so that it falls to the ground everted and on its outer margin, and the sole only comes flat or nearly flat on the floor when some weight is placed on the limb. In this gait the leg is not advanced in a straight line, but describes an outward curve more or less sharp according to the severity of the case. This condition—not described, as far as I know, by any previous writer—I propose to term *jactus internus*; it depends upon paralysis, more or less severe, of the extensor longus digitorum and of the peroneus tertius. In the worst form the long and short peronei will also be found weak; hence the eversion is not produced by the muscles of the foot, but by the swing given to it by the circular movement of the limb. A less common gait may be called *jactus externus*. Let us take up the description of the movement at the moment when the foot is about to be lifted from the ground and advanced. It stands at this time almost straight or only slightly inverted. The heel lifts first, not straight, but with a swing inwards, as on a pivot round the toes resting on the ground. Thus the foot is in strong eversion, when the toes at last are lifted, too late in the rhythm of walking. The limb is then carried, not directly forward, but in a semicircle outward. In front the heel falls to the ground first, and checks; while the front of the foot, continuing the circular jerk, swings inwards; so that, when in station again, the whole foot lies straight or somewhat inverted on the ground.*

The treatment of these cases must naturally vary with the particular form of lameness or deformity. Space will not permit me to deal with special directions, but the general plan remains the same whether we have to do with a distortion inwards or outwards.

First, the subject of tenotomy must engage our attention, and we must separate those conditions in which it may be desirable from those in which it is not permissible. In a former paragraph I have separated the deformity produced in a paralysed limb by position, in which cases the shortened muscle is as a rule paralysed and in a state of passive contracture from the distortion produced by the active and tonic contraction of a muscle which, its antagonists being paralysed, is unopposed. The essential practical difference is evident: in the former case the shortened muscle has become a mere passive ligament-like cord; in the latter it is an active organ. Thus, in the one example to divide such a fibrous and degenerated band may be not only permissible, but necessary, and inflicts no injury on an organ already powerless; but in the other case to cut one of the few, perhaps the only, sound muscle of a limb is manifestly a blunder.

To distinguish between such degenerated muscles and those retaining some power of active contraction we may rely partly on our sense of touch, but chiefly on their behaviour under the galvanic stimulus (the constant current). In practice I have never found it necessary to divide other tendons than the Achilles—sometimes the plantar fascia,—for by the aid of chloroform I have always been able to stretch the others, and the cause of my objection to division of those tendons which lie behind the bones is, I believe, sufficiently known. ("Cure of Clubfoot.")

When, either by manual stretching or tenotomy if necessary, or without such means if possible, the foot is so released that the surgeon can without employment of very much power hold the limb at right angles to the leg, and the sole flat, his next indication is to apply some continuous force which can maintain such good position, and yet not absolutely prevent muscular action. On muscular action depends the possibility of cure. Elastic force is the only one that can fulfil these conditions. The various shoes with screws and fixed positions must, if they carry out their intention, override and prevent, and, according to the duration of their use, more or less destroy, muscular activity.

* This gait is occasionally one of the sequences of injudicious tenotomy.

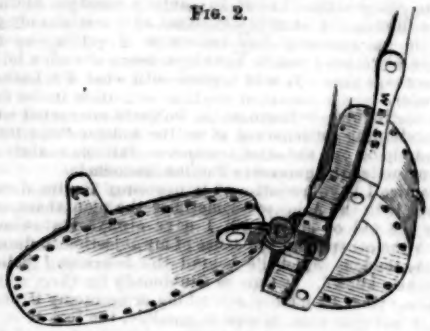
In cases of some severity the best method of applying elastic force is that introduced by me several years ago.* After a time, when the intensity of the malady has been subdued, or, in slighter cases, at once, the same sort of force can be applied by means of well-adapted shoes.

The great objection to the Scarpa shoe and the many slight modifications of it is, that the sole is in one piece and the screw-joint intended to act on the distortion is on a level with, and therefore affects the ankle, which joint is not at all distorted in by far the greater number of cases. Great credit is due to Dr. Lewis Sayre for his ingenuity in constructing a shoe divided in the middle of the sole (medio-tarsal joint), the front half connected with the posterior part by a ball-and-socket joint. The upper-leather of back and front of the foot is similarly separate; thus an india-rubber spring attached to the upper bar enables the surgeon to work on the front of the foot upwards, inwards, or outwards, according to the deformity. (See Fig. 1.)

FIG. 1.

SAYRE SHOE, AS MODIFIED. — On both sides of the ankle are hinged iron rods supporting calf band, and chain with india-rubber spring either for inside or outside of foot; on the outer side also another spring, running along the outer border of the sole, may be used to overcome adduction.

FIG. 2.

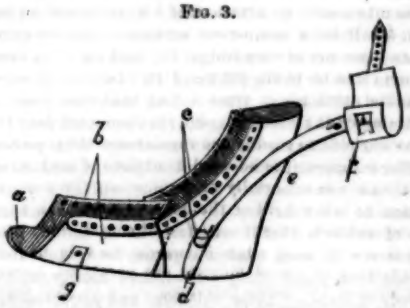


The sole of modified Sayre shoe, showing the three movements into which ball-and-socket movement is resolved: pivot (rotation) behind, flexion in middle, and adduction and abduction in front.

I found that the ball of the joint in the original Sayre shoe, being somewhat bulky, was apt to wear out on the lower part, and the entire separation of the heel from the front of the foot permits water to enter and keep the stocking wet. To obviate the former inconvenience, I proposed to resolve the compound movement of ball-and-socket joint into its three elements, and Messrs. Weiss have carried out for me that idea in the manner represented in Fig. 2, while at the same time Mr. Foveaux, of the above firm, adapted waterproof material as an inner lining to the junction of sole and heel, thus rendering the shoe watertight.

The shoe thus modified—and I must beg my friend Dr. Sayre to pardon my making any change in his admirable inventions—answers every purpose extremely well, especially while a tolerably marked deformity, though not a severe one, still exists. It is especially adapted to the middle phase of clubfoot, and is by far the best instrument yet invented for the treatment of this disease. For cases less severe or further recovered I have invented the following apparatus, which, unlike most others, is worn inside an ordinary-looking boot, and attracts no attention to the limb. My patients thus walk in the street, and, the lameness being overcome, nothing unusual is observed.

FIG. 3.



BARWELL'S INNER SHOE. — *a*, Thin steel sole, covered with jean. *b*, Jean lappet for tarsus and metatarsus. *c*, Jean lappet for posterior tarsus and lower leg. *d*, Lever with hinge at top. *e*, Spring, with—*f*, Leg strap and steel anklet. *g*, Tongue to which an india-rubber spring is to be attached.

The sole is made of steel, of spring temper, rather thicker than a calling card, jointed in the medio-tarsus for abduction and adduction only, and that merely for those cases where necessary. Eversion or inversion, flexion and extension, are produced by the bend and twist of the steel sole. The lappets for lacing are of a strong cotton material. From the heel on the outer side runs upward a metal rod to a level with the ankle-joint, at which point is hinged, in the sense of flexion and extension, a steel spring, connected above to a calf piece. This spring is to be bent outward or inward, according as the case is valgus or varus.

To put on this shoe its whole sole is to be turned, so as to fit on the sole of the foot, and the front part twisted inward or outward, as necessary for either deformity, so that while the sole of the shoe is fitted and adapted to that of the foot, the front lappet is laced; and then, while still keeping, by manual pressure, the shoe-sole fitted, the back lappet is also laced. This being completed, the steel spring is brought to the leg, and the calf-piece adapted, while the shoe-sole and front of the apparatus is released. By this means every part of the foot is subject to spring pressure—the front to the bend and twist of the spring sole, the back to the action of the vertical spring. Besides this, however, and to supplement any deficient force, india-rubber springs are stretched from the calf-piece to the sole; and, if necessary, an abduction-spring is carried along the outer side. All this apparatus is concealed by an ordinary boot, if for a boy wearing trowsers; if for one wearing knickerbockers, or for a girl, the boot called "polonaise," coming higher on the leg, may be used.

This form of mechanical shoe I have found very valuable in the cases of lameness I have described as jactus internus and externus; also in cases of paralytic clubfoot in the stage of recovery. Of course, with all and every of the contrivances above described, patient and persistent galvanism, as also injection of strychnia, must be employed.

* This is much used in America by Dr. Lewis Sayre. In this country it has been much opposed, but has gained favour rapidly.—B. B.

THE North-Eastern Hospital for Children, Hackney-road, has received £200 under the will of Mr. Charles Pease.

ON

CERTAIN EVILS ATTACHING TO OUR EXISTING SYSTEM OF MEDICAL EDUCATION.

AN ADDRESS, AS HONORARY PRESIDENT OF THE ABERDEEN UNIVERSITY MEDICAL SOCIETY, DELIVERED NOV. 14, 1873.

BY ALEXANDER HARVEY, M.D.,

PROFESSOR OF MATERIA MEDICA IN THE UNIVERSITY.

"In reference to the *practical objects* for which medical science is cultivated, it seems important that the whole extent of the studies most intimately connected with the practice of medicine should be fairly laid before the student, *in as small a compass as possible*."—Professor ALISON.

(*Concluded from p. 767.*)

WHAT, NOW, is the remedy for the evil? I shall address myself to this presently. But meanwhile I wish to call a witness into court, to attest what I have myself advanced. And it shall be a competent witness—a deputy professor and late examiner at Cambridge, Dr. Latham. His evidence is given in a letter to the Editor of THE LANCET, of as recent date as Oct. 18th last. After noting that four years is the period most of the examining boards deem sufficient for the student's acquiring a competent knowledge of his profession, and after enumerating the several subjects of medical study, Dr. Latham remarks (and I beg you will give your best attention to what he says):—"It is not so much of the range of subjects that I complain, as of the *extensive* acquaintance with each that is *expected* from the candidate after his four years' study. A lifetime hardly suffices for the study of some of these subjects, and yet there are examiners and lecturers who, as their special knowledge increases, seem to acquire morbid notions as to the importance of their own department, and insist on an intimate acquaintance with it, all others being regarded as secondary. They forget that the students they have to deal with want to be medical practitioners, having a competent and a sound scientific knowledge, not simply and solely anatomists, physiologists, chemists. I would be the last person in the world to decry the value of a sound scientific training for the medical practitioner. I appreciate it fully. But what I maintain is, that an intimate acquaintance with all the above subjects cannot be acquired in four years. The process has not yet been discovered of driving into a British skull, in so short a period, the knowledge of half a dozen German professors. The attempt is impossible; and while striving after the impossible we lose the possible. The student's mind, under the present system, is crammed with ill-digested facts and crude notions about the most recent theories. These he disgorges at some examination board, famed, perhaps, for high-standard questions and indifferent answers. He receives his certificate, and is qualified (?) to practise his profession. Yet, when he comes to his real work, he is surprised to find how little his knowledge serves him. His studies must begin afresh."

All this tallies with what I have been saying to you this evening. A burden is laid on the shoulders of medical students too heavy for them to bear, and under it they break down disastrously. The impossible is set them to do, and so they come far short of the attainable. The examinations bulk out before them in all their magnitude, and what to do they wot not. Their work is broken and fitful—a thing of shreds and patches,—if by any means or some means they may acquire a smattering of everything. Let me not be misunderstood. I do not mean to say that students do not read, do not work hard, do not study. But I mean this—that, compelled by the necessities of their position to get up something of everything in order to meet the examinations in front of them, they do not and cannot learn anything thoroughly, and have no help for it but to cram. They can have no idea beforehand in what they will be examined on any subject; and, goodness knows, they are not seldom examined on very out-of-the-way, useless subjects. In the written exercises particularly, they are often very hard put to, having no choice or option of questions given them. This I have always considered a gross injustice to candidates. I have often seen as few as three questions put, all requiring to be answered; and yet two of these questions, if not all of them, so out of the common as that a few only of the candidates could answer them. I have always held that, in common fairness to candidates, a choice ought invariably to be given.

I have cited one Dr. Latham—the younger. Let me now cite another Dr. Latham—the sage in his day at St. Bartholomew's, now living in retirement at Torquay, and eighty-five years of age. In a letter I had from him in 1858, acknowledging receipt of a copy I had sent him of my "Four Letters to Sir James Clark," he says, after remarking that he had read those letters with "a melancholy interest":—"I make bold to tell you my conviction that during the last thirty years the practice of medicine has on the whole gone backwards, and that year after year it is still going backwards. Doubtless there has been a vast increase in our physiological and pathological knowledge. But that knowledge has not been brought to bear, in anything like the degree it might and ought to have been, upon the *practice of medicine*. And simply for this reason, that the mass of the profession has never been taught what the practice of medicine really means. At the time of life when they were supposed to be learning it, they did not and could not learn it. It was jostled into a corner of their minds, or rather jostled out of their minds altogether. They could not help themselves. They wanted their minds for other things; and even those other things were more than they could well hold. So, by a hard compulsion, they learnt botany badly, chemistry badly, physiology, minute anatomy, &c., all badly, but the practice of medicine not at all." And he adds (speaking from an English point of view): "Our profession was ruined when it was handed over to the Apothecaries' Company to determine what should be the education of nine-tenths of those who practise it. Like Mrs. Malaprop, in Sheridan's 'Rivals,' they insisted upon all the '*ologies*. Had the same office been given to Gregory and Heberden and Baillie, they would, I am persuaded, have made the *indispensable subjects of education very few, and the lectures on each very few also*. They would have made the attendance upon the sick in hospitals a constant, systematic, serious affair. As to the 'ologies, they would have thrown them all overboard, or recommended them only to the study of those who had time enough, or capacity enough, to pursue them profitably."

These remarks, thus freely expressed, of my venerable and much venerated friend are of course to be taken with some qualification; yet, I apprehend, with very little. Let me recall your attention to one remark in that letter. Speaking of students generally, he says: "They learnt botany badly; chemistry badly; physiology, minute anatomy, &c., all badly." Is not that true to the very letter at this day? I know it is, and the thing is very happily put by Dr. Latham. And then as to the main thing of all, the learning the practice of medicine as the general practitioner requires to know it, that is jostled out of the minds of students by the necessity they are under of getting up the "'ologies." I am proud to be the possessor of such a letter from such a man. It is of a piece with what Dr. Latham says on the whole subject of medical education in the first and second of his "Lectures on Subjects connected with Clinical Medicine," delivered at St. Bartholomew's in 1836: lectures incomparable—lion's marrow—full of quaint wit and wisdom, and conveyed in English undefiled.

Let me add, in a word, without quoting him in detail, that a man of the same kidney with the elder Latham, and as wise and shrewd a member of our profession as ever lived—the late Professor Alison, of Edinburgh, entertained precisely similar views as to the evils of our existing system, and, virtually, like views as to the remedy for them which I have yet to put before you. In speaking to you as I am doing, I feel that I am in good company.

What, then, is the remedy for the evils you groan under, and which mar all your labours? This last is the saddest thing of all. During your four years of study you are supposed to be in training to serve the public as medical men. As it is, you have been in training to become botanists, zoologists, chemists, anatomists, physiologists, &c. And yet you become none of these either, as your teachers or examiners would like; while as to practice, this is virtually swamped in the "'ologies."

Both the Lathams, I may remark, have given answers to this question; and so has Dr. Alison. My own will be in

keeping with theirs. Yet, before answering the question, let me observe, that if we had now for the first time, and aside from our existing system, to lay down a national scheme of medical education, based on four cardinal postulates, it would, I cannot but think, be a widely different system from that which now obtains.

The *first* postulate should be, the *primary end* for which medical men exist, and to attain which in the best manner possible, for the public good, they are to be trained. This, surely, is the prevention and cure of disease; the relief of human suffering; the aiding of women labouring of child; the disarming death of its agony. The object of the profession is not to make men anatomists, zoologists, or physiologists, or even pathologists, as such. Yet the introductory lectures at almost every school would lead one to fancy this to be the *raison d'être* of the school. And then every teacher's own subject is above all others important!

The *second* should be, the *time* that can be given to the requisite training for the work. This we shall presume to be, as at present, four years.

The *third* should be, a due regard to the *relative value* of the several subjects of study *in relation to the primary end*, and not less the relative value of the several parts of each.

The *fourth*—what, within four years, it is *possible* for the *average* mind, from seventeen or eighteen to twenty-one or twenty-two years of age, to overtake and master sufficiently for the end in view; the end never being lost sight of. This last is an exceedingly important one—the compass or capacity of the youthful mind. "*Non omnia possumus.*"

Were the House of Commons to appoint a Select Committee to take evidence on these points and to bring in a Bill, based on that evidence, enacting a scheme or system of medical education and examination to be followed throughout the kingdom, we should, I am persuaded, have something widely different from what we have.

The fact is (and we habitually forget it) we are the *inheritors* of an ancient system. To this, even in as far as it has become effete, we still doggedly adhere; while, with the increase of knowledge, we have gone on adding to the system, without retrenchment of any kind, notwithstanding that the increment has become an intolerable burden. Our additions to the requirements of candidates have, indeed, been made naturally—insensibly—as a thing of course; they have grown with our railway system, and, so to speak, with railway speed. But they have been made without *thought* or *reflection*, on the part of teachers and examiners, as to the evil consequences they necessarily entail on the minds of students. The great difficulty always is to get people in high quarters to think; to get those whom it concerns to bestir themselves and "consider their ways." Some relief from the burden might surely have been given in the curtailment of our *lecture system*, in Scotland especially. Here, we have the *daily* lecture; whereas, in England and Ireland, they are for the most part content with three lectures a week. I should, with the elder Latham, desiderate a much smaller number of lectures than even in England; and lectures everywhere of a different and a higher order. Once indispensable, lectures are so no longer. For now we have all that we need or can desire in that way in the excellent text-books we have on all branches. Yet we still teach the dry *elementary* details in lectures—details the student can read at home. Of what use now a series of systematic lectures on the general doctrines of fever or inflammation, or on the pathology, clinical history, diagnosis, prognosis, and treatment of individual diseases, medical or surgical? Were lectures based on a prescribed text-book, and made a commentary or criticism of the book, calling the attention of the student to this point or that point as being important or erroneous, or requiring fuller illustration or explanation, they would be of real use. But fewer lectures would suffice; and thus much valuable time would be gained to the student for other work, in winter especially, when for the most part we work hardest and to the best purpose.

To come now to the point—the remedy or remedies for the evils of our existing system.

Now I am not going to propose either a lengthening of the allotted period of four years' study or a curtailment in the number of the "'ologies." I would gladly, indeed, with Dr. Latham, "make the indispensable subjects of formal education very few, and the lectures on each very few also." But this would, meanwhile, be dangerous ground to venture on. The consideration of it would touch "vested interests." I take the subjects of the curriculum, therefore, as they stand in the Regulations.

And my remedy is—DEFINITION of subjects, LIMITATION of the range or extent of each subject, with a due regard to the *relative value* of each particular subject, and a still greater regard to the relative values of the several parts of each subject. Is spina bifida of equal importance with inguinal hernia, or chicken-pox with pneumonia? And yet at present no distinction is made between either in that regard. And chemistry is of equal importance with physiology.

Let no one tell me that what I propose is or would be impossible. I am well satisfied, from long reflection, that it is not. That it would require much consideration I at once admit. "Rome was not built in a day"; and it might and probably would require some years to mature a perfect system. Yet, were it seriously entered on, the difficulties that one (to whom it is new) shakes his head at as insuperable would quickly vanish. "Where there's a will there's a way." In truth, the real difficulty lies there—in people's wills—in getting them to put their shoulder to the wheel.

The question as it stands just now is between the impossible and the possible—between a system which is as bad as bad can be, and something which, if not the best attainable, would at least be better than what we have. I put the alternative thus, and I do so confidently. Nothing can be worse than our present system. It requires of candidates, *as a preparation for the practice of medicine*, the impossible. Doing this, it misses the end in view and mars the whole work of preparation. Our actual system is the perfection of folly.

Inasmuch as the object aimed at is of *national* importance—inasmuch as the medical profession exists for the public good, and as the portals to it are by law placed in the hands of the General Medical Council, it should properly devolve on that body to take the initiative in this matter, and devise a scheme. It is but a few years ago that it appointed a committee to inquire into the whole subject of medical education. That committee, after a laborious investigation, presented a report. Nothing has yet come of that report, and the committee no longer exists. Whether a scheme for defining and limiting the subjects of examination was in the view of that committee I do not at present remember. But the subject has once and again been in the view of the Council itself. Would that it would again address itself to it in thorough earnestness, as befits the urgent necessities of the case. Many members of the Council are, I know, keenly alive to the demand for it. Dr. Paget, its president, is so. That body has already given us a great national work, the British Pharmacopœia, to the preparation of which it devoted many years and no inconsiderable amount of money. It is just now, and for some years has been, engaged in devising a scheme for joint examining boards in each of the three kingdoms. Wishing it all success in that direction, I would venture humbly to suggest that such boards will go but a short way towards remedying the evils I have put before you this evening. They may, and no doubt will, check the laxity of some of the present examining boards, and lead to a greater uniformity in the examinations everywhere. But we need a great deal more than this. And in view of one main purpose for which the Council exists, that of raising the general standard of attainment in the profession, and, still more and specially, that of giving the public men as highly qualified as possible to serve it, *as medical men* (two things not necessarily synonymous), the joint examining boards themselves, if not the Council itself, will be driven to adopt some scheme of definition. Aye, and just in proportion as they raise the standard of attainment, and become more exacting at the hands of candidates, will they all the sooner be driven to do so. The strain cannot be greatly increased without a lightening of the load at definite points.

A scheme of *definition* to be effective—to answer any good purpose—must be a large one; and it must be particular or special, going into details. It must be negative as well as positive. It must indicate what subjects or departments of subjects will not be required of candidates, and which shall, and in what degree.

But how give practical shape to such a scheme? One mode is by means of *books*—one on each branch, specially

prepared for the object in view. Such books, I am well aware, do not at present exist. They have still to be written. They might and should be prepared under the auspices and at the direction of the Council, or a committee of the Council. The demand for such books would of necessity be large and continuous. The sale of them could be relied on; and thus the revision of them, at short intervals, to meet the growing advances of each branch, would be a matter of course. There would be ample funds for the production and revision of the very best books that could be written.

Exception, however, might on various grounds be taken to that sort of a scheme. At present I merely mention books as one form of a scheme.

Another, and perhaps a simpler, and what might be thought a better form, would be the publication of a *schedule* or a *syllabus* on each branch, prepared by the Council, or at the instance and with the sanction of the Council. A word as to this presently. But, observe, the immediate effect of the issue of such schedules would be the preparation and publication of books based on them; so that books specially adapted for examination and teaching purposes we should have anyhow. And books of this kind I think it exceedingly desirable we should have. These schedules, although expressly framed for examination purposes, could scarcely fail to be used as syllabuses in the class-room; while with many teachers the best books based on them would be used as text-books in the schools. To students such books, whether official or non-official, would be of incalculable advantage as instruments of training. But my time will not allow me to consider the subject this evening.

I do not think it at all necessary to go into details on the *construction* of those schedules. Each branch might require a special form of schedule. It is enough if I indicate the general principle. I have devised one—in the form of a class syllabus,—confessedly a tentative one, for my own branch of materia medica, and it has been found to answer well for both the teaching of it in the class-room and the examining in it at the board-room. In that syllabus I indicate the relative values of different drugs and chemicals, and I indicate also those that are excluded from examination. Moreover, the articles that are set down as of small relative value are either virtually excluded from the examination, or count for very little in reckoning up the marks, and the candidates are apprised of this.*

Other modes of giving effect to the principle of definition and limitation might be devised. But I content myself with the two I have suggested.

Any one of the nineteen examining boards in the kingdom, or all of them, might at any time devise and bring out a scheme—at least of schedules. I think it would be a feather in the cap of the first that should do so; yet, great as is the need of something, and something effectual, being done in that direction, I despair of anything being done, or done to good purpose, unless it emanate from the General Medical Council.

Let me conclude this address, already much too long, by putting before you what Dr. Latham, of Cambridge, says of this matter in his letter to the Editor of THE LANCET.

After referring to the evils of our existing system, Dr. Latham asks: "What is the remedy for this? Lengthen the period of study, or diminish the number of subjects? Do neither," he says, "but *limit the range* of each subject. Let some competent body (and who so well fitted as the General Council of Medical Education?) from time to time draw up and publish schedules defining the range of examination in each separate subject; let all that is superfluous be left out; retain that which is essential and important, and which can be mastered thoroughly by the pupil in the time; let the questions be kept strictly within the range;—and then the examinations may be as stringent and rigorous as you please. In this way it would be ensured that every student is thoroughly grounded in the essentials of his profession; that so far as his knowledge goes it is sound. He is thus prepared in the leisure of his earlier years of professional life to extend his scientific knowledge, because he has a firm basis to go upon; and English medical practitioners would then do far more for the advancement of physiology and the other sciences connected with medicine than at present."

Dr. Latham adds, "Were the General Medical Council to promulgate a schedule limiting the range of each subject, it would be received as an immense boon by students; it would extinguish cramming, and do much to advance both practical and scientific medicine."

It would. As things are, we only begin the real study of our profession after we receive our licence to practise. And during this, our second pupilage, through the sphere of actual practice, the safety of the public, till we have done our schooling properly and acquired the requisite experience, lies the while in the *vis medicatrix naturæ*—the curative power or powers of nature. Nature is herself potent for good, independently of us, and in a thousand different ways. And in many ways she counteracts the mistakes we make through ignorance, covering them, too, or concealing them from the public eye, and enabling us to appropriate without question, along with the fee also tendered, the credit for what is wholly her own proper due. Happy it is for mankind that we have Nature thus always at our back!

But, in view of this our second pupilage, begun after we get our licence to practise, what a gain it would be to us to have already learnt our botany well, our chemistry well, our physiology well, our minute anatomy well, and our surgery, midwifery, and practice of medicine well—all well—instead of as at present all badly,—to know thoroughly well as much of each as bears on what is to be the proper business of our lives as medical men—the prevention and cure of disease.

* Syllabus of Materia Medica, based on a Selection or Definition of Subjects in Teaching and Examining, &c. By Alexander Harvey, M.D., and Alexander Dyce Davidson, M.D. London: H. K. Lewis, 1873.

ON PELVIC HÆMATOCELE.

BY ALFRED MEADOWS, M.D. LOND., F.R.C.P.,

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(*Concluded from p. 699.*)

As regards *treatment*, those who are content to follow a purely expectant method, and who, as it were, wait upon Nature in her efforts to repair the disaster, will not be very uneasy if they fail to diagnose with exactness the true condition of affairs. They may think that between the three diseases to which I have alluded—viz., pelvic cellulitis, pelvic peritonitis, and hæmatocele—there is not very much to choose in a therapeutical point of view, and that therefore precision of diagnosis is a matter of little value, interesting only to the specialist, but possessing no practical importance to the busy practitioner.

On every account such laxity is, in my opinion, much to be deprecated; and from the therapeutical point of view at which I regard these cases, such carelessness is not only mischievous, but may be absolutely fatal: for the relief which we are able to afford is prompt and effectual. But in order that it may be employed with safety and success, it is absolutely essential that the diagnosis be strictly correct. If otherwise, then it is not only possible, but probable, that the remedy which is intended to save life will have the contrary effect; for although the three diseases I have mentioned bear a certain external resemblance, and have some symptoms in common, they are yet essentially different, and irreparable mischief may ensue if what I believe is the right mode of treatment for the one is wrongly applied to the others.

Suppose, then, that a case of the kind I have described occurs, the first thing to be done undoubtedly is to enjoin absolute rest, and to administer opium in moderate doses; bearing in mind that we have two objects in view in the treatment of cases of this kind. The *first* is to obtain the coagulation of the effused blood, and its encystment in the space within which it is effused; the latter process is accomplished partly by inflammatory action in the shape of limited peritonitis, and partly by coagulation. Our *second* object is to get the entire mass removed; and this may be done either by absorption or by tapping, or both. My own experience and the records of numerous cases lead me to believe that the process of coagulation takes place circumferentially—that is to say, the fibrine collects all round the effused mass, above, below, and on either side; while the

serum, together with some blood-cells and colouring matter, is, as it were, enclosed or encysted within. My belief on this point is founded on the fact that in cases which I have tapped I have sometimes had to thrust in the trocar a distance of one and even two inches, showing that there was coagulation at bottom, while the same fact is suggested, as regards the upper part, by observing that after a good deal of fluid has been withdrawn, a considerable swelling has sometimes been felt, though, of course, much less than before.

This point is of great importance, I think, in reference to the question of surgical interference which I am now advocating.

Rest and opium are, I believe, sufficient to secure the coagulation of the escaped blood; possibly it may be favoured by the application of ice within and without; and this may also be useful in limiting or controlling the internal hæmorrhage. It would probably not be a fitting remedy in a case connected with menstruation. It is uncertain how long this process of circumferential coagulation is being effected; and it varies, no doubt, with the extent of the effusion. For obvious reasons it is very undesirable that any surgical interference should be resorted to until coagulation has taken place.

In all cases of pelvic hæmatocele some amount of peritonitis always occurs; and the same treatment which aims at securing our first object—viz., coagulation—will be proper also for this. Rest and opium are, in fact, the essential requisites; and the avoidance of all irritating agents and of stimulants is rigidly to be observed, except so far as these may be called for as restoratives in the collapse of severe cases.

Having, then, secured this first object—the coagulation of the effused blood,—attention should next be directed to its removal; and upon this question great divergence of opinion exists as to the best means by which it may be secured, whether by the slow process of absorption, or by the far more rapid but, as some think, more dangerous method of tapping. I have no hesitation in advocating more frequent resort to the latter method; and I am at a loss to understand why this operation is so dreaded by the great majority of practitioners. I cannot think their objection is founded on experience; and my knowledge of the literature of the subject only strengthens the conviction I have formed from actual observation.

Let me say at once that I by no means wish to be understood as recommending the operation of tapping in all, or anything like all, cases of pelvic hæmatocele. There are a large number in which I should regard this treatment as wholly uncalled for, and there are others where no doubt whatever ought to exist as to its absolute necessity. Of the latter kind are those cases where the quantity of effused blood is so great that the whole pelvis is filled, the uterus displaced forwards, and pressed firmly against the symphysis pubis, the neck of the bladder being compressed so that micturition is difficult and almost impossible; while the rectum is flattened in such a way that its contents cannot escape. I have met with two cases of this kind where death seemed imminent; both recovered through the operation of tapping. The propriety of this treatment cannot be questioned in cases such as these. On the other hand, there are many where the amount of blood effused is very slight, where the visceral displacement is comparatively trivial, no obstruction existing either in the bladder or bowel, and where probably the whole mass of blood speedily coagulates, so that there is little or no fluid portion to run away. Obviously such a case is not a fit one for tapping, and no man in his senses would recommend this proceeding. The convalescence here is short, the mass is soon absorbed, and there is no reason why nature, as we call it, should not be allowed to complete the cure, which she is perfectly able to do.

Between these two groups of cases, however, there are a large number in which the quantity of blood poured out is sufficient to cause much visceral displacement and consequent local and general distress, where the pouch of Douglas is full and bulging, so that, without actual obstruction, there is at least difficulty in relieving both bladder and rectum. In such a case, probably, life may not be in question, and I am willing to concede that, if time be given, a cure may confidently be expected, with complete absorption of the effused blood. But it is certain that many weeks, and probably many months, will elapse before this takes place. I have seen such cases again and again, and there are many of them recorded; but they have a history which is painful to read—of months spent in bed, to be followed by the most tediously wearisome convalescence, aggravated in all probability by the remedies used with the best intention of promoting absorption, but certain to produce much local irritation, and resulting altogether in no little deterioration of health.

Contrast this now with what may be done by a little more heroic, but I believe equally safe, mode of treatment. Let the following case be taken as an illustration:—L——, aged thirty-one, began to menstruate at thirteen, was married at fifteen, and had her first child at sixteen and a half, after which she suffered from menorrhagia, accompanied by a good deal of pain in the right side. Three weeks ago, during menstruation, she was seized with severe pain in the right side, and a tumour quickly formed in that region. On examination an enormous fluctuating tumour was observed in the hypogastric region, extending into the pelvis, and pushing the uterus forwards against the symphysis pubis; the posterior wall of the vagina was bulging, and the rectum flattened. As the pain became very severe, and the distress great, the tumour was punctured on May 7th, and a pint of blackish-red fluid escaped. This was followed by so much relief that two days afterwards the patient wished to return home. This, however, was not permitted fortunately, for on the 15th severe pain returned, and the tumour reappeared. On the 28th upwards of a pint of coffee-coloured fluid escaped spontaneously, after which the tumour disappeared, all pain ceased, and she left the hospital cured. She was seen and examined a few days afterwards, but beyond some induration behind the uterus nothing further was discoverable.

This case was observed and recorded by no less an authority than M. Nélaton, and the lesson it teaches is to my mind incontestably clear—viz., that when a hæmatocele is large enough to push the uterus against the symphysis pubis, to flatten the rectum, and to rise above the pelvic brim, the proper treatment is, not to waste time by puny endeavours to secure absorption of the effused blood, but boldly to puncture with a trocar, and thus to remove in five minutes what will otherwise take as many weeks, if not as many months, to accomplish. I could instance several cases of this kind from my own experience, all teaching the same lesson — viz., the rapidity and completeness of the cure which follows the operation of tapping in cases of this kind, and the facility and safety of the operation itself. I have now notes of seven cases in which I have adopted this method; all of them recovered, and that, too, in an incredibly short space of time, considering the amount of effusion and the quantity of fluid that was drawn off—in one case no less than fifty-six ounces in two successive tappings. I believe, in fact, that the risk of the operation is exceedingly slight, and I will go so far as to say that the danger of non-interference is, in cases of this class, very grave. There is the danger of the possible rupture into the peritoneal cavity and death, the danger of septicæmia from absorption of the putrid blood, the danger from suppuration occurring in the effused mass, and the danger which arises from slow but sure exhaustion during the tedious attempts to secure the absorption of the blood-clot. All these have occurred in numerous instances and with far greater frequency than when the fluid has been drawn off with the trocar or has escaped by the spontaneous rupture of the hæmatic cyst, either per vaginam or per rectum.

In proof of what I have just stated, I may remark that some years ago I collected from the work of MM. Bernutz and Goupil, a series of 62 cases of pelvic hæmatocele, of which 44 died, and only 18 recovered. Of the 44 which died, 32 terminated so suddenly that there was no time for treatment either on the expectant or on the operative method; these then need not be considered. Of the remaining 12 fatal cases, 2 were tapped, 1 burst spontaneously, and in the other 9, though ample time was given for operation, seeing that they lived for several months, nothing was done, and they gradually succumbed. Now let us see how the recovery of the 18 was accomplished. 9 of them were tapped, 7 burst spontaneously, and only 2 recovered without the escape of the fluid. It thus appears that, excluding from the reckoning those 32 fatal cases which, as they terminated so suddenly, gave no time for treatment of any

kind, we have a series of 30 cases *treated*, with 18 recoveries and 12 deaths. 11 of the 30 were treated after the manner I now advocate—viz., by tapping,—9 of these recovered, 2 died; 8 burst spontaneously, of which 7 recovered and 1 died; 11 neither burst nor were tapped, and of these only 2 recovered, all the rest died. How many of these might have been saved if the operation now recommended had been carried out it is of course impossible to say; I can but contrast the fate of these 9 fatal cases where no operation was performed with the 11 which were tapped, and of which 9 were saved. With figures such as these before us, it seems strange indeed that there should be any hesitation as to the proper treatment to be adopted. I can only hope that the rule I have laid down may soon be more generally accepted.

There is one fact which I have elsewhere alluded to, which seems to me to afford a very strong argument in favour of tapping—viz., the character of the fluid which is always drawn off in cases of this kind. In all those which I have tapped—and it has been the same, I believe, in others—as well as in the cases which have burst spontaneously, the fluid has been most offensive. Few of us, I think, would be inclined to leave such a putrid mass in the abdomen if we could foretell its existence; and surely the frequency, I had almost said the universality, of its occurrence ought not to be without its influence in determining our management of these cases. Moreover, the fact that out of the 30 cases which were subjected to treatment, no less than 8 ruptured spontaneously, with only one death, is to my mind an additional argument in favour of tapping, because it seems to show that the removal of the fluid in some way or other is, if I may so say, the *natural* method of cure. Be this as it may, I am quite convinced that not only is tapping a safer and better method of treating cases of the kind we are considering, but that, even if the proportion of cures were no higher in those tapped than in those left alone, which I do not admit, still the period of convalescence is so greatly shortened by tapping, and the cure is so much more complete and thorough, that on this account alone I prefer the more active to the passive form of treatment.

As regards the period for the operation, this must to some extent be guided by circumstances. Where the symptoms are very urgent, the sooner the fluid is removed the better, though a few days at least ought to elapse from the occurrence of the hæmorrhage. Where the symptoms are less urgent, I think a month is not too long to wait; but beyond that we have nothing to gain by delay.

It is a point of some importance as to where the puncture should be made: and, seeing that when these cases burst spontaneously they generally, or at least very frequently, do so per rectum; that the fluid itself is usually very accessible in that region; and that sometimes we cannot very well tap per vaginam without risk of injuring the bladder,—for all these reasons I prefer operating through the rectum rather than by the vagina.

There are yet two other hints I would venture to offer—viz.: In selecting a trocar do not choose a very fine one. It ought certainly not to be smaller than an ordinary silver female catheter. I generally use one at least a size larger, because the fluid is often very thick, and small coagula are apt to get into the canula and block it up. Lastly, in making the puncture, take care to go deep enough—from one to two inches, according to the size of the hæmatocele and the duration of the effusion—is about the right distance. I have two or three times failed to evacuate the fluid from not having gone deep enough, and the cases have subsequently burst a day or two after. The trocar must pierce beyond the coagulated wall and enter the central fluid. There is not much risk of going too deeply if the case be a fit one for this method of treatment; and "dry tapping" under such circumstances is very undesirable.

EDINBURGH OBSTETRICAL SOCIETY.—At a meeting of the Society of the 26th ult., the following gentlemen were elected office-bearers for the sessions 1873-74-75:—President: Dr. J. Matthews Duncan. Vice-presidents: Dr. Angus Macdonald and Dr. R. Peel Ritchie. Treasurer: Dr. James Young. Secretaries: Dr. James Andrew and Dr. Alexander Milne. Librarian: James Jamieson, L.R.C.P. & S. Ed. Council: Dr. Simpson, Dr. Wilson, and Dr. Thomson.

SYMPATHETIC DEPRESSION & EMOTIONAL DISTURBANCE.

BY J. THOMPSON DICKSON, M.A. & M.B. CANTAB.,
LECTURER ON MENTAL DISEASES AT GUY'S HOSPITAL.

(*Concluded from page 769.*)

IT will, I think, now appear evident that emotional disturbance is necessarily associated with modification of the sympathetic, and that undue emotional displays must be associated with abnormal conditions of the sympathetic centres; and our attention must be directed to the sympathetic rather than to the central nervous system for an explanation of the various emotional phenomena observed both in health and in disease. And when it is remembered how absolutely beyond the control of the will such emotional expressions as blushing, as also, under some circumstances, crying and sobbing are, it will not be difficult to grasp the idea how that the affections which are commonly known by the names of hysteria and hypochondria—which in their dramatic manifestation are beyond the control of the patient's volition—are emotional disorders the result of sympathetic depression. They are, in fact, mad states of the emotions—the rapid paying out of various organic functions in consequence of atonic or other changes in the sympathetic which has thereby lost its control. And all this may go on notwithstanding that the intellectual faculties and the reason of the patient may protest violently against the emotional display.

It is necessary to remark upon the frequent very vague use of the expression *functional* as applied to nervous disorders the pathology of which is not clear. The expression "functional disturbance," or "mere functional disturbance," is in very common use, and is constantly applied to various neuroses in a very loose way. All *functional disorders* are dependent upon pathological states of organs; and it is no more possible to have functional disturbance of any organ without a pathological modification of that organ, or of the nervous system which controls it, than to have paralysis of a limb without nervous and muscular implication. Functional disturbance implies pathological cause, whether it be a slight palpitation of the heart from gases in the stomach, or profound unconsciousness from a blow on the head, or the rupture of a bloodvessel in the substance of the brain.

Functional disorder appears in one of two forms: in the first it appears as a rapid and irregular action (excitement) from loss of nervous control, and in the other as an imperfect or slow action (depression), or as arrest or cessation from exhaustion or destruction. This is well shown in mental (intellectual) states, as mania, melancholia, and dementia; as also in physical conditions, as epilepsy and paralysis. We have now to look for similar manifestations under emotional conditions.

It is, I presume, admitted on all hands that the affection called hysteria is altogether independent of the uterus (hystera), as the word implies. The neurosis may accompany uterine diseases, but is independent of them. Uterine affections occur in hysterical patients, but the so-called "hysteria" commonly occurs without any uterine affection, and often occurs in men.*

As we usually see the affection called hysteria, we notice undue expression of emotion—undue laughing or undue crying—which the patient cannot control; and with these we constantly see disturbance of the digestive organs, loss of appetite and flatulence, irregular beating of the heart, and an unusually large excretion of urine. But all these phenomena are the immediate result of a pathological condition of the sympathetic whereby its controlling influence has become enfeebled; and these all tend to prove the intimate association and dependence, if not the localisation, of the emotional part of mind in the sympathetic. We get emotional disturbance, and with it loss of control over any or all of the functions presided over by the sympathetic.

The original degree of weakness in the sympathetic may be slight—slight atony or slight imperfection in nutrition;

* A remarkable case was reported by Dr. Hun in the Quarterly Journal of Psychological Medicine (American), July, 1867.

but once weak, the harmony of action or the balance of control is easily upset, and slight depressing influences upon the mind (intellectual portion) may soon be followed by sympathetic depression, exhibited in some emotional demonstration.

In the more severe cases, uncontrollable screaming, temporary loss of control over muscular movement, and semi-unconsciousness are prominent symptoms; and these sometimes pass by indistinguishable blendings into epilepsy, which in its ultimate cause is associated with an abnormal condition of the vasi-motor system.

The most severe manifestation of sympathetic depression is that which becomes actual insanity (omitting here the consideration of the association between paralytic dementia and pigmentary metamorphosis of the sympathetic ganglia), or those conditions of insanity which are excited by disturbance of the emotions. The condition is brought about by exhaustion, and it may result either directly from shock, or it may follow more gradually upon continuous depressing influences, or be induced by irritation.

Shock, whether physical or mental, produces its effect principally through the sympathetic, which it depresses, and the depression is probably greater proportionately in mental than in physical shock.

Mental or emotional shock, such as is coincident with the sudden and unexpected receipt of distressing information, such as painful or harrowing news, sometimes produces a depression of the sympathetic from which the patient may not rally. Sometimes such patients die outright, as though killed by a fatal stun. Sometimes a very acute dementia or melancholia appears, but proves equally and almost as rapidly fatal; the control of the sympathetic being so depressed that life can no longer be sustained. Sometimes, however, the depression, though not sufficient to kill rapidly, is but imperfectly recovered from, and the intellectual function of the brain, which usually becomes prostrated with a mental shock, frequently remains impaired.

But sympathetic exhaustion often follows upon sustained emotional depression or upon continued irritation. A person receives heartrending and unexpected tidings of distress or disaster; the sympathetic is at once depressed with the painful impression; grief (a violent expression of emotional depression) follows, and is sustained; the sympathy of friends, instead of soothing and inducing reaction, repeats the painful impression, and still further depresses the sympathetic. The first result is, that the cervical sympathetic fails in its function of control over the cerebral vessels; they fail to contract and so induce sleep, and insomnia results; and with the sleeplessness the cerebral function (thought) remains active, and at the same time distaste, perhaps detestation, of food usually coexists. As this state continues signs of exhaustion appear: first we see emotional display, sobbing and screaming, and perhaps alternate laughing and crying, but these soon give place to incoherence and physical prostration. The patient is then usually unable to correct any impression, and talks rambling nonsense, or gives utterance to a delusion, sometimes connected, at other times quite unconnected with the subject of his or her distress. The intellectual disorder is likely to become permanent unless the exhaustion be speedily recovered from; and if the sleeplessness cannot be combated, coma and death may be expected. The same condition of sympathetic is sometimes brought about by causes equally depressing, though, perhaps, not so exquisitely painful as in the last case. The effect of mental irritation, or that which in common parlance is called worry, is most powerful in its tendency towards exhaustion. Long pent-up anxieties, pecuniary difficulties, the distress often experienced by parents in regard to their children, are fertile causes of depression; also suspense, particularly if followed by disappointment, is a cause, the operation of which is in the utmost degree powerful. Patients who have been subjected to such influences often become first sleepless, lose their appetite, get irregular and hard pulse, and then become gradually exhausted. In the severe cases in which sleeplessness persists, and cerebral exhaustion is a sequence, disturbance of intellect follows.

In the minor degree we may see the manifestation of the depression in such cases as a student who has overworked for an examination, and, under the tension of suspense, exhausted his energy (sympathetic tone); or in a woman who has taken upon herself the duties of a sick nurse, and devoted herself to her charge injudiciously and without relaxation day or night. In these the anomalous manifestations called hypochondria or hysteria make their appearance, the sympathetic having become depressed and lost its control. The patients become morbidly irritable, and morbidly susceptible of slight influences. Their pulse often becomes rapid and irregular; their tissues become flabby; they complain indefinitely of being ill, or definitely of pain, for which no physical cause is discoverable, or of strange and irregular symptoms which disappear as strangely as they come. The disturbance of the digestive organs is very often, though by no means necessarily, an accompaniment of this state; sometimes anorexia and dysphagia accompany it; flatulence is almost always present, and occasionally there is general physical prostration. Sometimes cases occur in which there is temporary paralysis of the limbs, deafness, blindness, loss of speech, and other paralytic symptoms which suddenly appear and as suddenly disappear. But such cases partake more of epilepsy into which emotional irritation sometimes imperceptibly glides. Sudden shock sometimes induces epilepsy by its direct depressing effect upon the sympathetic, whereby the vasi-motor loses its control, and allows contraction of the cerebral arterioles, as in the cases of epilepsy following fright. The control may be similarly lost through exhaustion gradually induced, as in cases of apprehension or continued fear of something painful.

Like ordinary intellectual insanity, the tendency to excessive or morbid sympathetic depression is often hereditary. A family for two and three generations will exhibit nervous symptoms, which, when analysed, will be found to depend upon sympathetic imperfection.

In women the manifestation of sympathetic depression is, as a rule, more obvious than in men, because in women the emotional part of mind is developed in a higher degree than in men, and often predominates rather than the intellectual. The popular notion that the will is primarily at fault in the neurosis called hysteria, and that the patients have only to make an effort, is erroneous. The patients, as a rule, are willing enough, but their will is in abeyance, being overwhelmed by the intensity of the emotional disturbance. The brain is not incapable of performing its intellectual function, it is not incapable of logical reasoning; but the depression of the sympathetic is so great as to make the patient feel incapacitated for any voluntary effort, and in consequence none is made. The patient is not unlike the sufferer from gout. A man with a gouty toe would often be willing enough to walk, but his will is overwhelmed by the very idea of the physical suffering an attempt at voluntary effort would entail. The practical importance of recognising this fact is considerable; for any attempt to urge a patient suffering emotional depression to make voluntary efforts only tends to depress still further, and to aggravate the disease.

The first essential of success in treating these cases is to secure rest, and to induce sleep with drugs, endeavouring to avoid further depression with narcotics like opium. Chloral is the most useful drug we have for the purpose, and it should be employed unsparingly, and its use should be followed up with ample supplies of nutrition, milk and farinaceous foods being the most valuable kinds. A little alcohol also may be very usefully administered, provided it does not induce headache. The bowels must be fully evacuated, and it is common experience that strong cathartics are often necessary for the purpose. Moderate doses of bromide of potassium, of digitalis, and of iron, are often useful as after-treatment; they tend to allay central irritability, and to soothe and also to give tone to the vasi-motor system; whilst freedom from excitement, cheering influences, reassurances, and relief from anxiety will best tend to the re-establishment of health.

As to the exact pathological changes which occur in the sympathetic little has yet been made out, except in the one condition already mentioned—viz., paralytic dementia, or progressive paralysis and dementia. In this form of disease the ganglia of the sympathetic are wasted and disorganised, and contain a deposit of black pigment. The patients exhibit during life various states of emotional disturbance very characteristically, but the fact of finding this coarse change in a profound disorder gives some promise of discovery of more subtle changes in less severe conditions.

Upper George-street, W.

HYPOGASTRIC LITHOTOMY.

A CLINICAL NOTE.

BY SAMPSON GAMGEE, F.R.S.E.,
SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

"OF the different ways by which a patient may be freed from stone in the bladder, the hypogastric route is very seldom chosen in this country." This apt introduction to one of the medical annotations in the current LANCET brings to my recollection a visit which I paid to Professor Gunther's clinique at Leipzig some twenty years ago. He had many times successfully removed a calculus from the bladder by supra-pubic section, and he expressed surprise at that method finding so little favour with British surgeons.

An enthusiast for progress, I am free to confess myself averse to innovations and changes for the mere sake of novelty and variety. Lateral lithotomy has been so brilliantly successful in the hands of many of our countrymen, that they need no excuse for fond adherence to that method. By its uniform adoption I have never lost a male subject of vesical calculus; but, nevertheless, I concur in the opinion that supra-pubic lithotomy has advantages in exceptional cases. Such a case occurred in my practice at the Queen's Hospital in 1861.

The patient, Martha H——, was a pale, puny little girl for her age (eight years and nine months). She had long suffered from stone in the bladder. Slight examination sufficed to prove that the calculus was a large one. It always occupied one position, and the sound could not be passed round it. The pelvic outlet was very narrow; this fact, conjoined with the size and fixity of the stone, led me to remove it (Ash Wednesday, 1861) by the supra-pubic method. On opening the tiny thickened bladder, it was nearly filled with the calculus, which could not be removed without peeling off from its posterior surface the adherent vesical mucous membrane. The stone weighed 305 grains, and measured in length 1⅛ in., in breadth 1⅛ in., and in its antero-posterior axis ⅞ in. I closed the wounds in the bladder and abdominal wall by separate metallic sutures; the external ones were cut short, and not removed until the eighth day; but the ends of the two sutures in the vesical wall were left long, lightly twisted, and brought through the outer wound, so that they could be easily untwisted and slipped through on the fourth day. For a week, a catheter was kept in the bladder, and provision made for the escape of urine to an external vessel through an elastic tube. The wounds healed directly; there was no constitutional disturbance, and the patient left the hospital on the fourteenth day. I saw her seven years afterwards (March 11th, 1868), when she told me that she had passed several small stones naturally since the operation.

Birmingham.

TWO FATAL CASES CAUSED BY THE No. 5 SNIDER BULLET, AND ITS EFFECTS ON THE HUMAN SUBJECT.

BY WILLIAM COLLIS,
SURGEON-MAJOR, "THE BUFFS."

CORPORAL B—— was shot on October 29th through the left arm at its upper third; the humerus was smashed into numerous small pieces. The entrance wound was of the same circumference as the bullet, but as it penetrated it became larger, and on impinging on the skin of the chest between the fifth and sixth rib, it again became more expanded, turning itself inside out, and rolling the base forwards and outwards, fracturing the ribs in several places. Here the bullet evidently went into pieces, the smaller ones going in various directions, tearing in their course the lungs and costal pleura; the larger part of the bullet passing through the left ventricle of the heart, causing an extensive and lacerated wound, then on through the lower lobe of right lung, inflicting the same wound, but of a much larger description, and eventually lodging between the sixth and seventh ribs, at right side, fracturing the latter in two places. Now, looking at the effect of the bullet in this case, it will be distinctly seen that from the time it penetrated the arm it began to expand, and still more so as it went on its course. Meeting with the ribs it then went to pieces, the smaller ones flying in all directions, and the larger, consisting of the base and a part of the side of the bullet, eventually smashing the seventh rib at right side. This is demonstrated without doubt by the wound; for the wound at the exit at the inner side of the arm was larger than the entrance at outer side. The wound of chest was larger than that of inner side of arm, that of heart larger than chest, and that of right lung larger than that of heart. Here it would seem that the force of the bullet had become considerably expended, it just having sufficient power to fracture the rib and lodge there. If a line is drawn of the course of the bullet it will be found to be cone-shaped. This wound was in many respects similar to that produced by an Express rifle bullet—in fact, a shell.

This is happily the first wound I have seen made with the Snider bullet on the human subject; but, having shot deer and other animals with it, I can state that in all cases the lesions produced were most destructive, the bullet acting like a shell, and in the greater number of cases remaining in the animal. I have often remarked the difference in hitting a black buck in the intestines with a solid bullet, compared with the effect produced by a Snider: the animal hit with the former will almost always get away, whilst with the latter he walks a few yards and dies. No. 8 Snider bullet is more destructive than No. 5: this is, I suppose, in consequence of almost half the upper part of the bullet being filled with air, and acting as an explosive on the bullet striking the object. No. 8 contains no top plug of boxwood, but the lead is swedged over the top of the bullet, the hole going nearly half an inch towards its base. To all appearance the bullet is a solid one. The base contains a clay plug, the same as No. 5. Weight, 480 grains; charge of powder, 2½ drachms.

The wound of Private B—— was as follows: the whole of the right side of the face, the base of the brain, and the occipital, frontal, and parietal bones smashed to bits. In this case of suicide the wound was inflicted by the man placing the muzzle of his rifle in the right side of the mouth, so that the concussion on the explosion of the powder produced this wound to a great extent; but I do not think that the lesions would have been so extensive if a solid bullet had been used instead of a Snider one.

Seetapore, Oudh.

A Mirror OF HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo nos-endi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

GUY'S HOSPITAL.

REMARKS ON THE TUBERCULOUS AND STRUMOUS DIATHESES.

(By Dr. WILKS.)

IN commenting on a case of well-marked tuberculosis, Dr. Wilks recently made some important remarks on the subject of the tubercular and strumous diatheses. It will be seen that he completely avoided all reference to the vexed question of the nature and varieties of phthisis, but confined himself solely to the consideration of the prevention and the treatment of the disease. He said that two different outward conditions have been included under the term "strumous," so that a person unacquainted with the fact would naturally be at a loss to understand how the small, ill-developed child, with pot-belly, crooked legs, inflamed eyes, enlarged lymphatic glands, and decayed teeth, should ever be developed into a tall, well-formed, and finely-

featured young man or woman, who dies of pulmonary consumption. If, however, it be fully realised that the two classes of persons belong to different diatheses, the difficulty at once vanishes. The fact is that tubercular patients, the persons who most frequently die of phthisis, are well made, have a good skeleton framework, straight limbs, a good chest (a little flattened perhaps), good teeth, and an active, intelligent mind. These patients, moreover, as a rule, dislike fermented and alcoholic beverages and fats, but are fond of active bodily exercise. But these proclivities, if greatly indulged in, tend to accelerate the onset of pulmonary consumption; for, be it observed, tubercular disease of the lungs shows itself at that period of life when the respiratory apparatus comes into more active employment. This statement may seem somewhat theoretical, but it will be found a matter of great importance in actual practice. Unfortunately many erroneous views of the nature of tuberculosis are entertained by some members of the medical profession, but more especially by the extra-professional practitioners of the healing art. These erroneous opinions are that tubercular subjects are underbred, small, and have ill-formed chests, which require to be developed by active exercise and the respiration of over-oxygenated air. From these Dr. Wilks entirely dissents, and asserts that the tubercular patient has not ill-developed lungs, which need extra physical exertion to bring them into a normal state, but agrees with the late Dr. Barlow, who held the opinion that tubercle was developed in an organ according to its functional and vascular activity. This opinion is confirmed by the observations of Rokitansky, who has found that cyanotic patients—that is, those persons in whom there is an habitual preponderance of venous blood—are remarkably free from tubercular disease of the lungs, and that persons who have disease of the heart, or any malformation of the chest which entails a deficient arterialisation of the blood, possess a similar immunity from this affection. He even says:—"Nay, it is an important fact that with the establishment of a deformity of the spine in the shape of a gibbosity, even when owing to tuberculous caries of the vertebræ, the tubercular crasis is for ever rooted out, in consequence of the narrowing of the thoracic spaces." Notwithstanding this, and the well-known fact that many persons who have indulged in great physical exercise, as boating-men and athletes, frequently die of acute phthisis, many writers advise physical exertion for tubercular patients. Quite recently a physician has advanced the hypothesis that tubercle is unconsumed carbon, and recommends physical exercise for its oxygenation and consequent removal. On the other hand, other observers have endeavoured to show that consumptive diseases are aggravated by an excess of oxygen. Whatever may be the value of these theoretical speculations, it will be found, as a matter of fact, that persons suffering from tuberculous disease of the lungs are benefited by rest and injured by severe exercise. Rest, combined with a nutritious diet, will be found to be the best for consumptive patients. It is not necessary to put the patient's chest in a tight jacket, nor to prevent all movement by strappings and plasters, for ordinary repose is sufficient. The beneficial influence of rest to a diseased lung may often be observed in cases where an abscess of the pulmonary tissue has perforated the visceral pleura and evacuated itself into the pleural cavity, giving rise to collapse of the lung and consequent repose. Rest is, indeed, of more importance than climate, and the determination of this fact is more pressing than the discussion of all the theoretical questions of the intimate pathology of the disease.

KING'S COLLEGE HOSPITAL.

TUMOURS OF THE THIGH.

(Under the care of Mr. JOHN WOOD.)

FOR the notes of the second of the subjoined cases we are indebted to Mr. William Rose, surgical registrar.

Charles S——, aged twenty-seven, a butcher, was admitted on Nov. 12th. Three weeks ago, after hard dancing, he suddenly felt something give way at the inner and upper part of the left thigh, and found a small lump had formed there. This was accompanied with nausea and subsequent occasional vomiting. When lying down the tumour disappeared, but returned when he assumed the erect position. The patient thought that it had increased in size somewhat since its first appearance. Two or three days after he discovered the tumour he went to one of the London hospitals, where the diagnosis of an obturator hernia seems to have been made.

On admission there was a tumour about the size of a hen's egg at the inner and upper part of the front of the left thigh, one inch and a half below Poupart's ligament, to the inner side of the saphenous opening, which was quite free.

The tumour was apparently situated immediately upon the adductor longus muscle. It was elastic and non-fluctuating; there was no impulse on coughing. The skin was freely movable over it, but the tumour could be isolated or moved independently of the deeper parts. The patient had a constant pain all down the inner side of the same thigh, extending over the left buttock and loin. The tumour was largest when the knee was flexed and the thigh maintained by the patient in an everted position; but when the thigh was supported and the patient told to allow the limb to drop and thus to relax the muscles the tumour entirely disappeared, but when told to adduct the thigh the tumour stood out again as before.

Nov. 22nd.—Mr. Wood made an incision over the tumour and carefully divided the fascia, and immediately came upon a mass of muscular tissue, of which the tumour was composed, and it was evident that a hernial protrusion of a portion of the muscular belly of the adductor longus had taken place through weakening of its aponeurosis, and thus given rise to the tumour.

After the operation, Mr. Wood remarked that had the true nature of the tumour been positively known, surgical interference would have been unnecessary. But the patient, who possessed considerable medical knowledge, was very anxious to be assured that the swelling was not an obturator hernia. Although, as it turned out, a correct diagnosis had been made by Mr. Rose, the surgical registrar, there was a good deal of evidence in favour of a fatty or fibrous tumour; and, as the operation was only a slight one, it was perhaps upon the whole best to set the matter at rest by an actual demonstration.

Thomas A——, a gardener, aged forty-five, was admitted Nov. 19th. Twelve months ago, after using the spade rather more than usual, he found a small lump, about the size of a hazel-nut, just below the left groin. The swelling gradually increased in size, but gave him no pain. He says his father died of a cancerous tumour which formed in the abdominal parietes.

On admission there was an oval tumour, about four inches in its longest diameter, situate immediately over the saphenous opening of the left thigh. It was rather hard, and slightly lobulated, with an indistinct feeling of fluctuation. It was immediately under the skin, which was freely movable over it. No œdema of the leg, and no history of any recent sore or hurt to the foot.

Nov. 26th.—Mr. Wood first punctured the tumour with the aspirator, but no fluid escaped, except a few drops of blood. He then exposed the tumour by an incision in the direction of its long axis—that is, downwards and inwards; and, after getting the fingers well round it, succeeded in enucleating the growth with only a sparing use of the knife. A branch of the superficial epigastric required ligature. Chloride-of-zinc lotion was used to sponge out the wound, which was brought together by wire sutures. Carbolic dressing and pressure by pads and bandage were then applied.

Mr. Wood in his remarks spoke of the difficulty of diagnosis in these cases of tumour, and especially as to the detection of the presence of fluid in them by the sense of touch only. He considered the tumour presented a suspicious appearance. It was surrounded by a distinct capsule, and had a dark fleshy aspect. On section it looked like either an adenoid or simple sarcomatous growth, presenting here and there small hæmorrhagic cysts, but the main part was of a dirty-white colour, and of soft consistency. He thought that without doubt it originated in one of the lymphatic glands in that region, but that until the tumour had been examined under the microscope it would be almost impossible to give a decided opinion as to whether it was of a simple or a malignant nature. It was evident that in any case the proper treatment to pursue was its entire removal with the knife. Mr. Wood laid great

stress on the proper adjustment of pressure by pads to prevent the accumulation of blood in the wound which may hinder union by adhesion.

The tumour was superficial to the fascia lata, and therefore well away from the femoral vessels.

NAVAL HOSPITAL, PLYMOUTH.

ANEURISM OF THE POSTERIOR TIBIAL ARTERY; COMPRESSION; LIGATURE; GANGRENE; AMPUTATION; RECOVERY.

(Under the care of Staff-Surgeon CHARLES MCSHANE, R.N.)

The following notes are communicated by the Director-General of the Medical Department of the Navy.

W. H——, aged thirty-one years, a gunner's mate of H.M.S. *Royal Adelaide*, was admitted on the 2nd December, 1872, with an aneurism, three inches in diameter, in the left popliteal space. The patient noticed the swelling two days previously, but had suffered from rheumatic pains in knees and feet for nine years. He attributes what he calls the "sprain" to stamping in a course of cutlass drill. Treatment by pressure over the main artery was at once adopted, and kept up for some weeks, with some success. Signoroni's and Carte's tourniquets were used. On the 26th February, 1873, a note was made to the effect that scarcely a thrill was left in the tumour. On the 9th March signs of obstruction of the circulation in the left arm appeared, and the pulse at the wrist became almost imperceptible. This was accompanied by pain in the shoulder. On March 28th it was noticed that pulsation was returning in the tumour. This gradually increased, and with it great pain in the knee. The tourniquet was reapplied, but had to be discontinued on account of the pain.

May 2nd.—The state of the man was so threatening, from the rapid increase of the tumour, that, in consultation with the principal medical officers, immediate ligature of the main artery was decided on. Chloroform was administered, and the artery was tied in the lower part of Scarpa's triangle. Immediate cessation of pulsation in the tumour, with freedom from pain, was the result.

The ligature came away on the twelfth day. The collateral circulation appeared to be well established, and the case progressed in a very satisfactory manner until the twenty-second day, when a gangrenous spot appeared at the lower part of the leg. This was followed quickly by others on the toes, heel, and ankle. On the twenty-eighth day, there being no chance of saving the foot, or even the leg, amputation by antero-posterior flaps was performed through the middle of the thigh. As might have been expected, hæmorrhage was profuse. The stump was left open for five hours lest secondary hæmorrhage should occur. On examination of the removed limb, the aneurism was found to be on the posterior tibial artery in the popliteal space. The anterior tibial artery and one of the venæ comites of the posterior tibial were filled with organised clot. All the arteries were more or less atheromatous. On dissecting the tumour the posterior surfaces of the tibia and femur were found to be almost exposed and rough.

The morbid state of the arteries of the leg, together with the suspected condition of those of the arm, justified the small hope that was entertained of even a temporary successful result. The case, however, progressed very favourably, and the man left the hospital on the 22nd of July with a good stump. No cardiac disease or other aneurism was detected.

PRESIDENCY GENERAL HOSPITAL, CALCUTTA.

A CASE OF EMPYEMA, TREATED ANTISEPTICALLY.

(Under the care of Surgeon-Major JOSEPH EWART, M.D.)

THE following notes are furnished by Mr. Edward Lawrie, M.B.

Charles H——, a Swedish seaman, aged twenty, was admitted on July 18th, 1873. From the little that could be gathered of his history, it appeared that he had shipped from Liverpool in a sailing vessel on April 17th, and, after being at sea eleven days, was suddenly taken ill with shivering, pain in the side, cough, and fever. He lay in his bunk for a month, insensible, according to his own account, for a great part of the time, and then slowly began to improve, noticing as he did so that he was short-winded, and unable to lie on the right side. During the fortnight previous to his arrival in Calcutta his breathing became worse every day, and directly the ship dropped anchor he was sent ashore.

The patient was first seen on July 19th. He was sitting up in bed, livid and covered with clammy perspiration, breathing with the utmost difficulty, and hardly able to speak. He was also extremely emaciated. The left side of the chest was motionless on deep inspiration, absolutely dull on percussion, and devoid of respiratory sounds throughout. The heart's impulse was visible a little to the outside of and below the right nipple. The left side measured one inch and a half more at the nipple-line than the right, but it was arched, and the ribs were widely separated. The respirations were 48; pulse 140, weak and irregular; and the temperature in the rectum 101·3° F.

The left side of the chest was evidently full of fluid, and, as the symptoms were urgent, the narrow trocar and canula of a Dieulafoy's aspirator, previously dipped in carbolated oil, was plunged into the pleural cavity between the sixth and seventh ribs, at the anterior edge of the serratus magnus, and 106 ounces of thick inodorous pus was drawn off. Though there were no signs of the cavity becoming emptied, the operation was now stopped, as a violent fit of coughing came on. The urgent dyspnœa was relieved; but in the evening his temperature was 103·5° F., and during the next few days the dyspnœa increased, so that by July 24th the patient was in the same condition as before. In the meantime it had been decided to make an opening into the pleural cavity antiseptically, and provide a free drain for the pus with Mr. Lister's drainage tubing, a supply of which, as well as of the antiseptic muslin, had been obtained shortly before from Edinburgh, and used with signal success in other cases. An incision was therefore made close to the former puncture, under a spray of carbolic acid. Pus of the same character as before poured out in enormous quantity, and at least ten pints were evacuated. When the flow had diminished sufficiently, a broad piece of drainage tubing, about four inches long, was inserted into the cavity, and a very large dressing of muslin and waterproofing applied over the opening. The dressing was kept from occluding the mouth of the tube by two small pads of muslin, which also served to retain it exactly level with the skin, and the whole was secured by a muslin bandage. When the patient was put back to bed he was loosely surrounded with cotton wadding specially prepared with carbolic acid; the object of this being, not so much to soak up the discharges, as to prevent the risk of putrefaction occurring in them and spreading back to the wound.

The relief afforded was immense. The patient's temperature in the evening was 99·3°, and he was able to lie in any position with comfort. The discharge was very profuse during the first forty-eight hours, but no decomposition occurred. After this the quantity rapidly decreased, and its character changed, so that on the sixth morning it was entirely serous. By the ninth day the drainage tubing, which had been shortened day by day, was no longer necessary, and on the 11th day (August 4th) the discharge had ceased, and the opening into the pleural cavity closed up. The patient had become stouter and stronger, the collapsed lung had expanded a little, and the heart had come over to the left border of the sternum. Towards the end of August he caught cold, and effusion into the pleural cavity again occurred. It was happily found to be serous, and was twice drawn off with Dieulafoy's aspirator, on the 1st and 9th of September. Since this time there has been no reaccumulation, and the patient has grown fat and robust. The left side of the chest now measures one inch and a half less at the nipple line than the right, and the lung is still, and always will be, very imperfectly expanded; but the patient is in perfect health, and he has only waited here for a favourable opportunity of returning to his native country.

Remarks.—This case is of great interest, because, though the propriety of giving exit to collections of pus in the pleural cavity has ceased to be questioned, the best method of doing so is still a subject of discussion. The general tendency of professional opinion in Great Britain with regard to this point appears to be that the entrance of air in empyema does harm, but that if this cannot be prevented

its bad effects should be neutralised by giving the pus very free exit, and by washing the cavity out with disinfecting injections. Without desiring to underrate the value of subaqueous thoracentesis, or of the various methods of aspiration, it would appear that the great object to be aimed at is the prevention of decomposition of the pus in the cavity, and the antiseptic method secures this with far greater certainty, while providing a much more effectual drain for the pus, than any other mode of treatment. For diagnostic purposes and in hydrothorax, Dieulafoy's aspirator is a valuable instrument, and for the relief of the serous effusion which took place during the convalescence of the case under consideration, there was no hesitation in trusting to the instrument. That a bad case of suppurative pleuritis should have been altered to one of simple pleuritis in six days is a remarkable fact, but precisely what was expected from the changes which had been observed in abscesses of all kinds treated according to the antiseptic system, and its undoubted value in this class of cases alone stamps Mr. Lister's method as one of the greatest advances in modern surgery.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 25TH, 1873.

DR. C. J. B. WILLIAMS, F.R.S., PRESIDENT, IN THE CHAIR.

A CASE OF RENAL CALCULI.

BY SAMUEL GEE, M.D.,

ASSISTANT-PHYSICIAN TO ST. BARTHOLOMEW'S HOSPITAL, AND TO THE HOSPITAL FOR SICK CHILDREN.

THIS was a case of calculous disease of both kidneys, in a man who had suffered from gout. In the pelvis of the right kidney there were found—(1) a great stone, weighing 36½ oz.; (2) eight smaller stones, each larger than a cherry-stone, weighing from 19 grs. to 50 grs.; (3) about a thousand flattened stones, like melon-seeds in shape; (4) a large quantity of gravel. In the pelvis of the left kidney was found a stone weighing 9¼ oz. The chemical composition of the greater part of the large stones, and of the smaller stones and the grit, was phosphate of magnesia and ammonia, nearly pure. The large stone had a nucleus of oxalate of lime, phosphate of magnesia, carbonate of lime, and uric acid.

Mr. CHARLES HAWKINS said he had never seen a calculus like the one exhibited; it was an extraordinary and unique specimen. He thought it resulted from a stone which had formed in the pelvis of the kidney remaining there, and not passing into the bladder. A deposit had formed on it, and the kidney substance was absorbed by pressure. He had removed from a dead body two stones of the same material; one from the pelvis of each kidney. Their composition was uric acid and oxalate of lime, with a coating of phosphates; the same coating as would have occurred had the stone passed into the bladder, for, in such cases, the dilated pelvis represents a bladder. These stones cause little inconvenience to the patient whilst in the kidney. Whilst the one kidney was able to perform its function he thought little albumen would be found in the urine. He referred to a patient who suffered alternate years from an attack of gout and of stone.

Mr. ARNOTT thought it was in the recollection of the fellows that, four or five years ago, Dr. Murchison brought before the Pathological Society a large stone, about one-half the size of that described by Dr. Gee. The patient was in Middlesex Hospital, and had suffered from frequent attacks of hæmaturia, and passed purulent urine with crystals of cholesterin. A large abscess was found in one kidney; in the other the calculus filled the pelvis and sent processes into the calyces. It was not detected during life.

Mr. FAIRLIE CLARK asked if there was any trace of stone in the bladder; he had gathered not from the paper; still it was striking that, as there were so many small stones found, none had passed down into the bladder. Had the diagnosis been made out so clearly as to warrant any surgical interference. The operation of removing a stone from the kidney had been long known and often performed.

Mr. THOMAS SMITH said that in this case the surgeon had not been called in. He had heard that the patient was supposed to have scirrhus of the kidney. The operation had been performed in the hospital during the past year.

Mr. BARWELL asked what was the cause of the man's death. It was stated that there were no symptoms of uræmia.

Dr. GEE, in reply, said he had not seen the patient during life; he was only in the hospital for one week. The notes he had read were taken by the clinical clerk, and probably some points were omitted on which it would have been well to have had more information. He did not know if the patient had ever passed blood or had had any symptoms of a stone passing down the ureter. He thought the statement that it was cancer of the kidney was only hearsay, as he did not think the case had been fully gone into. With regard to the size of the calculus, he had referred to English, French, and German works, and had found nothing so large as this. He did not remember the case referred to by Mr. Arnott. No stone was found in the bladder. The walls were hypertrophied. He could not say what was the cause of death. The man was quite conscious the day before he died. He had no convulsions; the mind was quite clear. Apparently he died from exhaustion.

CASE OF FATTY DEGENERATION OF THE CONTRACTILE TISSUE OF THE UTERUS, WITH SOME REMARKS ON THE NATURE OF THE CAULIFLOWER EXCRESCENCE OF THE OS UTERI.

BY T. SNOW BECK, M.D. LOND., F.R.S.

(*Communicated by* SIR WILLIAM JENNER, Bart., M.D., D.C.L., F.R.S.)

The following case was first seen in October, 1871. A spinster, aged fifty-nine years, without any appreciable alteration in her previous good health, and in whom the catamenia had ceased for nine years, was suddenly seized with a gush of blood from the vagina, with a considerable thick, slightly yellow-coloured discharge. This discharge, always worse at night, gradually increased, and became very copious. At first it was thin, serous, and slightly yellow-coloured; afterwards became whitish, slightly yellow or greenish, without any offensive odour until it had existed for about three years. During the fourth year, and especially towards the end, it became very offensive. This discharge was accompanied, at uncertain intervals, with an escape of blood, sometimes so slight as only to colour the discharge red, at other times accompanied by the formation of small coagula. Three or four times a considerable amount of blood was lost, and towards the last severe hæmorrhage occurred. But from the first to the last there was neither ache nor pain present. The appetite became impaired, and ultimately extinguished; the tongue red, coated, and tremulous; the bowels always constipated, pain at the epigastrium after eating, much flatulency, frequent sickness, distressing hot flushes, occasional giddiness, and sleepless nights. There was comparatively little loss of flesh, and nothing in the general appearance to indicate the presence of serious disease.

After the affection had existed for three years, the lips of the uterus were found swollen, the external orifice open to admit the end of the finger, and several small fleshy prominences a little within it, which freely poured out blood, of an arterial character, on the slight pressure of the finger during examination. A month later the soft growths protruded through the external orifice; and three months later the upper part of the vagina was filled with a soft pulpy mass, much resembling, to the touch, the fœtal portion of the placenta. The woman became weaker and weaker, and died, four years after the first indication of the disease, by a sudden gush of blood from the vagina.

In the examination of the body after death, the uterus was found somewhat enlarged, and the cavities filled with a soft shaggy tissue, which hung down, for about an inch and a half, into the upper part of the vagina, and filled this portion of the canal. With the exception of a thin shell at the fundus, the whole of the contractile or muscular tissue of the uterus was converted into the soft shaggy tissue, which ceased abruptly at the external orifice where the vagina begins. With the aid of the microscope, the contractile fibre-cells at the fundus were seen slightly altered; lower down they contained, in their substance, a varying amount of fat-globules; still lower down, all form of the contractile fibre-cell was lost, and, instead, collections of large-sized fat-globules mixed with diffluent tissue were

seen; and at the lowest portion it consisted of structureless diffluent tissue mixed with numerous and various-sized fat-globules.

The symptoms in this case closely resembled those given by Sir Charles M. Clarke as indicating the presence of cauliflower excrescence of the os uteri, yet differed from them in some material points. Cauliflower excrescence was described as being attached to the surface of the os uteri—never extending into the cavity of the uterus—being sometimes so large as to fill the vagina and project through the labia, when it was of a bright flesh colour. It might be completely cured by excision, or even by the assiduous use of local astringents, and had proved fatal at the early age of twenty; whilst in the case recorded the disease was essentially one involving the cavity of the uterus, was most probably incurable, and probably only met with after the middle period of life.

The preparation of cauliflower excrescence of the os uteri preserved in the Museum of the Royal College of Physicians, presented by Sir Charles M. Clarke in 1829, was examined. This preparation was found to be one of those villous growths which spring from the surface of mucous membranes, well known under the name of "papilloma." Cauliflower excrescence of the os uteri, as shown in this preparation, was essentially distinct from the fatty degeneration of the contractile tissue in the previous case, and also distinct from any forms of malignant disease. Cauliflower excrescence consisting, in the words of Professor Rindfleisch, "of a number of arborescent groups of villi, and of nothing else"; and "having nothing whatever to do with cancer."*

A case of cauliflower excrescence of the os uteri recorded by Sir James Y. Simpson was referred to; also seven cases reported under the name of cauliflower excrescence by Dr. J. Braxton Hicks.† But those cases recorded by Dr. Hicks did not present any of the characteristic symptoms of cauliflower excrescence; and were examples, not unfrequently met with, of "encephalomatous" and other malignant disease of the lower portion of the uterus, attended with the usual severe pains and offensive discharge of these diseases.

Mr. ARNOTT said that during the last two or three years he had had two or three opportunities of examining snippings of "cauliflower" growths from the os uteri, given him by Dr. Barnes. He had found them nothing but ordinary villous outgrowths, branched, club-shaped villi, covered by columnar epithelium. After such specimens had been long kept in spirit the epithelium was usually shed, and then sections presented an appearance as seen in one of the drawings that had been handed round. The doubtful malignancy of so-called "cauliflower excrescence" might be explained by the fact that in some malignant infiltrations of the os uteri, carcinoma, &c., the mucous membrane throws out villous processes, and becomes shaggy and villous, and so may be readily confounded with papilloma of the os uteri. In the malignant growth with villous processes there is the course of cancer, but in the simple villous growth the general signs of malignancy are produced by the drain on the system through the constant discharge and loss of blood.

Dr. ROUTH said that in his experience of some years he had never seen a distinct case of cauliflower excrescence as described by Sir C. Clarke—that is, a papillary growth proceeding from the os uteri, and not in itself epitheliomatous or cancerous; so, if at all existing, it must be rare. The symptoms enumerated were not characteristic, as they occur in other diseases of the uterus. As to the treatment, he thought snipping off the excrescence did good. In the case related, would it not have been well to dilate by a sea-tangle tent and apply caustic instead of using astringent injections?

Dr. SNOW BECK said that, as far as he knew, the case he had recorded was unique. There was nothing much to be done as to treatment; the case was hopeless. The hæmorrhage did not require treatment; there were only occasional gushes; there was no ache or pain. He had given a description of the preparation in the museum of the Royal College of Physicians. It was evidently a papilloma. He could not say if all "cauliflower" excrescences were the same. One thing—viz., the absence of pain—separated the disease from cancer. He knew no true cancerous disease without pain. The treatment he had given was that recommended by Sir C. Clarke.

* Manual of Pathological Histology, p. 454.
† Guy's Hospital Reports, vol. vii., p. 345.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 24TH, 1873.

DR. S. O. HABERSHON, F.R.C.P., PRESIDENT, IN THE CHAIR

DR. SANSOM read the following case:—A boy, aged nine, came under his care just after an attack of rheumatic fever, a similar attack having occurred ten months before. A presystolic bruit was discovered at the apex of the heart. After much improvement, another severe illness occurred four months after the former, and then were noticed extreme signs of cardiac hypertrophy, the presystolic murmur remaining as before. Ophthalmoscopic examination showed fine retinal arteries with disproportionately large veins. The boy had many severe attacks of dyspnœa and pain, always relieved by digitalis administered either by fomentation or internally. He died thirteen months after his first appearance at the hospital, and twenty-three months after his first attack of rheumatic fever. At the autopsy the pericardium was everywhere adherent; the heart was very large, weighing twelve ounces; the left auricle and ventricle were both much thickened, and the cavities enlarged; the mitral valve was funnel-shaped, with some roughening of the orifice; the aortic valves were very thick, but offered no impediment to the blood-flow; the endocardium throughout the left side was thickened; the right cavities presented no abnormality. Dr. Sansom thought that this case confirmed the view of the auricular origin of the presystolic bruit. Certain objections had been urged to the term presystolic, but it accurately defined the period of the occurrence of the sound. Looked at from the point of view of pathological causation, probably the best term which had been suggested for the murmur was "auricular systolic." In relation to time, however, and for the purposes of clinical demonstration, Dr. Sansom thought that the terms "systolic," "diastolic," and "presystolic" might be with convenience rendered into the English equivalents, — first-sound murmur; second-sound murmur; and before-first-sound murmur.

Dr. FOTHERGILL was of opinion that the term presystolic murmur should be retained.

Dr. DOUGLAS POWELL thought that the best term to use was that invented by Dr. Hilton Fagge—viz., "auricular systolic."

Dr. BROADBENT, Dr. HARLEY, and Mr. JABEZ HOGG having joined in the discussion, Dr. SANSOM replied.

Dr. SANSOM then brought forward some

CASES ILLUSTRATING THE USE OF THE PNEUMATIC ASPIRATOR IN THE TREATMENT OF EFFUSIONS.

The cases occurred at the North-Eastern Hospital for Children in the practice of Dr. Cayley and himself. Cases 1 and 2 were of a simple acute pleurisy. In Case 1, after an illness of ten days, 46 oz. of clear fluid were removed by pneumatic aspiration, and perfect recovery took place in eleven days. Cases 3, 4, 5, and 6 were of empyema. In Case 3, after an illness of rather more than eight weeks, 16 oz. of pus were withdrawn from the left chest by means of the aspirator. Eight days afterwards 12 oz. of odourless pus were removed in like manner. Six days subsequently 14 oz. of thick pus were withdrawn, and some days after 2 oz. more. After a lapse of fifteen days, 5 oz. of pus were withdrawn by trocar and canula. Free discharge took place, and the patient apparently recovered. In Case 4, after fifteen days' illness, 15 oz. of non-fetid pus were removed by aspiration from the left chest. Ten days after 13½ oz. were removed. Recovery took place most satisfactorily. In Case 5 the empyema followed an attack of scarlatina eight weeks before. At the first aspiration only 1 oz. of pus was obtained. After an interval of four days 12 oz. were withdrawn, and the child made a good recovery. Case 6 had been under medical care for eight months before coming to the hospital; 8 oz. of very fetid pus were withdrawn by aspiration. After twelve days 8 oz. more were withdrawn, and great improvement followed. Six weeks after there was pointing at the base, and exit was given to a small quantity of pus. The wound remained open, dis-

charging for six weeks, when it closed, and the child was in fair health. The next case was one of congenital hydrocephalus, in which the removal of four ounces of fluid by the aspirator greatly relieved the symptoms; but eleven days after the operation the infant died from diarrhœa. Post-mortem examination showed no lesion as the result of puncture, but 8 oz. of fluid remained in the ventricles.

Mr. JABEZ HOGG then related the following cases:—

ARRESTED DEVELOPMENT OF EYEBALL.

H. W——, fourteen days old, came under treatment with a cyst as large as a good-sized walnut covering the left eye. The history was that it was congenital, but had increased considerably in size lately. On examination it was found that the left eyeball was entirely absent, an elementary stump occupying the orbital cavity. The cyst was tapped and pressure applied, but it again filled, and on the third day the operation was repeated. A week afterwards it had become larger, and a seton was passed through and allowed to remain for a week. The child made a good recovery eventually.

CONGENITAL MULTILOCULAR CYST IN THE NECK OF A CHILD FOURTEEN MONTHS OLD.

Very soon after birth a slight swelling was noticed; it increased in size, and at the time Mr. Hogg saw it, it was as large as a goose's egg. The child ate and slept well. Six threads of silk were passed through the cyst in its longest diameter, measuring about four inches. The cyst gradually emptied, became consolidated, and although at one time there was a good deal of constitutional irritation, the child made a good recovery, without the trace of a scar.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 28TH, 1873.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

Dr. GEORGE JOHNSON read a paper on cases of

TEMPORARY ALBUMINURIA THE RESULT OF COLD BATHING.

The first case was that of a medical student aged twenty-two, who, about noon on the 19th of June, after bathing for a quarter of an hour in the Marylebone Bath, had a sense of fatigue and headache. Four hours after the bath, the urine was tested, and found albuminous. In the evening there was still a trace of albumen. The next day the urine was normal, and continued so until June 28th, when he again bathed. The bath was again followed by headache, and in the course of the day the urine was found albuminous. From that date until July 17th every specimen of urine passed was tested, and albumen was present at some period of the day on all but five days. Since July 17th the urine has remained normal. The subject of these observations is in good health, and has never been seriously ill. The second case was that of a medical student aged twenty-five, who one day in July bathed in the Lambeth Bath for an hour. He felt no inconvenience. The urine passed an hour after the bath contained a sixth of albumen. The urine was not tested again for three or four days, when it was found normal. The experiment has not been repeated. The third case was that of a medical student aged twenty-three, who on three occasions found his urine normal before bathing in the sea in August and September; and on each occasion, after remaining in the water from a quarter to half an hour, found a moderate quantity of albumen in the urine. In a few hours this had disappeared. He felt no inconvenience from the bathing. Four other students, after bathing from half an hour to an hour, and on one occasion for an hour and a half, found no albumen in the urine. In Case 4, a boy aged sixteen, looking pale and feeling languid, was found to have albumen in the urine to the extent of one-eighth on June 28th. It was of pale colour, and contained no casts. On September 23rd, when next seen, only a trace of albumen remained. On October 23rd the urine was quite normal. Until within a few days of the time when the albuminuria was first discovered, he had been bathing almost daily in the sea from half to three-quarters of an hour at a time. He had felt fatigue and chilled, and on one occasion had vomited after coming out of the water. The only previous illness had been diphtheria ten years before. The transient albuminuria is believed to have been caused by the repeated and prolonged immersion in cold water; and it is suggested that, as acute Bright's disease is not unfrequently excited by exposure to cold and wet, there is danger lest the frequent recurrence of temporary albuminuria the result of prolonged cold bathing, and the consequent repression of the cutaneous secretion, may lead to permanent mischief and to structural degeneration of the kidney.

Dr. REGINALD SOUTHEY, who has for many years been a great bather, considered the symptoms described by the author as of no grave importance. He had never examined the urine, but had observed that, after remaining long in the water, headache and great lassitude were frequently complained of, as well as constant micturition. He did not, however, at all think that cold bathing necessitated a temporarily albuminous condition of urine.

Dr. HENRY GREEN asked if the albumen was due to increased influx to the kidney.

Dr. WEBER mentioned the case of a man who had fallen into the water, went home in his wet clothes, and came for consultation three weeks afterwards, the urine then containing blood. This so continued for five or six weeks, with casts and epithelium, and at length entirely disappeared. He had also observed similar cases at the German Hospital, the subjects of which had been affected with cold or wet, or both, in crossing the Channel, and in these cases fatigue was certainly not an element, and also reaction followed at once.

Dr. GREENHOW asked the author as to the specific gravity of the urine in his cases, and the presence of tube-casts. He had seen many cases of hæmaturia simply from exposure to cold, in which albumen remained for more than forty hours. The kidneys were not diseased, but the nervous system was much affected.

Dr. JOHNSON, in replying, said that no sediment existed in the urine in these cases, and no tube-casts. There was no doubt that exposure to cold and wet will help on disease, but, according to his own experience, the presence of albuminuria in these instances was directly due to suppressed action of the skin. The experiment of cutting off the hair of a rabbit and varnishing the skin always resulted in death, although death was not so speedy if the animal was enveloped in cotton-wool; and the suppressed action of the skin was also exemplified in the connexion between renal disease and scarlet fever. There could be no doubt whatever of the unwisdom of remaining in the water for a long time.

Mr. HENRY ARNOTT read notes of a

CASE EXEMPLIFYING ESMARCH'S METHOD OF BANDAGING.

The operation—excision of the knee-joint—was performed early in August of the present year. It happened to be probably the first operation of any magnitude in which this ingenious suggestion of Professor Esmarch was employed in England, although Mr. MacCormac had already used it in some cases of removal of necrosed bone, and the author therefore brought forward the case as a peg on which to hang a discussion of the merits of the proceeding by the hospital surgeons present. The case was an ordinary example of old disease of the knee, in which it was determined, on exploring the joint under chloroform, to excise it at once, the patient having refused to submit to amputation. The limb was tightly bandaged with elastic webbing from the toes to the thigh, and, before the removal of the bandage, a stout elastic cord was twisted firmly round the limb above the bandage, and fastened with hooks. The compression was kept up for more than thirty minutes, with the effect of rendering the operation absolutely bloodless until the elastic tourniquet was removed. Convalescence was slow, but presented nothing unusual which could be attributed to the pressure employed during the operation. The points dwelt upon by the author in commenting on the case had reference to—(1) the possibility of sloughing following the use of the constricting band, and the length of time during which the pressure might be safely maintained; (2) the effect on the circulation of the compressed limb on the removal of the elastic cord; (3) the difficulty of using the method without chloroform; and (4) under what circumstances the method might be wisely avoided. In briefly remarking on these heads, it was suggested that much of the pain and sudden engorgement of the vessels with blood might be prevented by gradually relaxing the constricting

band; and, in enumerating the cases in which the employment of the method might be attended with danger, reference was made to instances of septic abscess, the clot-occluded veins about a compound fracture, and limbs already gangrenous. It was also suggested that a possible risk of apoplexy was incurred by suddenly overfilling the circulatory system of aged people with brittle arteries, and that, although generally beneficial in town practice, the visceral congestions caused by the subsequent plethora in cases of large amputations in robust subjects might seriously interfere with recovery.

Mr. CHRISTOPHER HEATH said the plan was by no means new. Its advantages had been recognised in Scotland for a long time, where, during the inhalation of chloroform, it is the practice to raise the limb in order to allow the blood to gravitate. The band of the ordinary tourniquet was advantageous, inasmuch as gradual relaxation could be practised. Clots may form, and experience was wanted as to Esmarch's method; but no new instruments are needed, as surgeons already possess all that is required.

Mr. CLOVER had frequently made special pressure by bandaging the limb firmly and evenly from the distal towards the proximal end, and believed that an ordinary bandage was all-sufficient.

Mr. MACCORMAC spoke strongly in favour of Esmarch's mode, enlarged on the advantages of bloodless operations, and remarked that with this plan even the bone was dry. He had observed that the sudden return of the blood caused great pain.

Mr. BARWELL also spoke favourably of Esmarch's method, and emphasised the advantage of being able to control the oozing from the bone.

M. KOCH, of Munich, spoke of two cases of excision in which he had seen the bandages used, and in which both limbs and bones were quite dry. He believed that, with Esmarch's plan, the vein, as it were, draws the blood out of the bone; and as to subsequent sloughing, he averred that Esmarch had never seen it.

Mr. WILLETT corroborated in great part the remarks of Mr. MacCormac, but said that, in his own experience, hæmorrhage from the bone had sometimes occurred.

A VISITOR, agreeing with the observations of Mr. MacCormac, said that it was the practice of Mr. Hilton to bandage a limb about an hour before the inhalation of chloroform was commenced, and thought that this method and Esmarch's might be advantageously combined, and that Pettit's tourniquet allowed gradual relaxation.

Mr. EASTES observed that the withdrawal of blood from the flaps might hurt their subsequent vitality, and that Mr. Barwell's method of fixing a cord at each end was worthy of special notice.

Mr. ARNOTT, in replying, briefly remarked, in answer to one of the speakers, that, according to his own experience, the carbolic acid spray did not cause sloughing, and that in practice elastic tubes were better for use than elastic cords, on account of the frequent brittleness of the latter.

Reviews and Notices of Books.

Autobiography of John Stuart Mill. London: Longmans, Green, and Co. 1873.

HISTORICALLY interesting alike as a memoir of one of the foremost thinkers of our time and as a contemporary record of the rise and growth of "philosophical radicalism," the autobiography of John Stuart Mill is more interesting still as a psychological study of rare delicacy and exactness. Precise, pellucid, passionless—for of passion commonly understood there is no trace, even in the touching narrative of what he terms "the most valuable friendship of his life,"—it presents the man not only as he seemed to himself to be, but as we feel sure he really was. It is an *apologia pro vitâ sud*, but of an unique kind. Such *apologiæ* come most naturally from men who, like Mill, have stood upon a pinnacle apart from that world on which they have left their mark, but, unlike Mill, are oppressed with the thought how much they may be misinterpreted, and even their very work depreciated, unless they bare to the observer the inner chords and motives of their action. The philosopher, content to let his life explain and justify itself, has wholly in view the work of mental analysis, the dissection, so to speak, of his own brain for the instruction of others, with all the skilled coolness of the practised logician and psychologist. His threefold object, he tells us with simple dignity, is to describe, in an age when education is a matter of deepest concern, an education unusual and remarkable, and which at least has proved how much may be taught well in those early years commonly little better than wasted; to describe in an age of transition of opinions the successive phases of a mind singularly ready to learn and unlearn; to acknowledge debts of moral and intellectual development. Mill's education was indeed unusual. Born in 1806, the son of the well-known historian of British India, it was his father's object to anticipate the course of years, and impart to a boy the culture and independent thought of a man. Young Mill literally lisped in Greek. At three years of age he was learning lists of Greek "vocables" prepared by his father. By seven he was familiar with Xenophon, and had read six dialogues of Plato. Latin followed Greek at eight. In his twelfth year he begins Logic with the Organon and Analytics; the year after, Political Economy. Not midway in his teens, when most boys would be in "the upper fifth," his list of books read and mastered would appal an Oxford first-class man. Not least remarkable in his early life is the space the father occupies in the picture. Of a mother's tuition, or even influences, there is not a trace. Her very name is obliterated from the record. Brothers and sisters appear as pupils of an elder brother monitor ("no good moral discipline," we are somewhat significantly told, for either), or sharing for a time in the instruction of the father. The daily walk for health's sake; some stray volumes of travel, fiction, or modern history for relaxation; for the rest, the steady task, to be found out rather than learned, the authors to be read not for mere committal to memory, but for weighing, sifting, even for confuting. There are gaps though, even in an instruction so thorough. Religion has no place there, for religion with the elder Mill is a negation, and is so equally with his pupil; not much poetry, for the father discourages "feeling," and has a horror of the "intense"; such history of modern times as can be got from the "Annual Register" up to 1788. James Mill, we should judge, though very similar in intellectual gifts to his son, was a more robust and masterful individuality. A man of iron energy, whose philosophy was to him a religion, it was clearly his aim to make his son the exact representative of his own philosophical and political tenets. His hard and rigid training is indeed almost as like the cultivation of a cutting as the education of a child. Clearly much at this time was crushed and darkened in Mill's nature of which only a part later ripened to tardy fruit. As clearly, however, to this early intense discipline of the reasoning powers the luminous distinctness, which is Mill's most striking intellectual attribute, was largely due, and something perhaps of his great power of expression. With his fourteenth year, and a long visit to Bentham's brother, in France, the period of instruction by the father draws to a close, and that of "self-education" begins. French history and literature, the elevated tone of sentiment habitual in good French society, exercise for him that attraction which, at a later date, makes him engraft St. Simonianism on Benthamism, or modify his political views from Comte and De Tocqueville. Mill was indeed always closer drawn to the philosophical writings of France than to those of Germany, with which his exclusively clear and practical intellect has little natural affinity. An appointment under

his father, now Examiner at the India House, initiates him to official life, and the management of men. In the columns of the old "Westminster," started by Bentham, and edited by Bowring, he learns to write original thought in "a style at times lively, and almost light." Debating societies, in the formation of which he takes a large share, bring him into contact, as friend or opponent, with Thirlwall, Maurice, Sterling, Wilberforce, as well as Macaulay, Grote, Roebuck, and other earlier acquaintances. But in the midst of dreams of social reform the shadow of a great darkness fell upon Mill. "Would he be happy if all his dreams were realised?" An irrepressible self-consciousness answered "No." The gloom produced by this reflection, the result perhaps of precocious and over-strained mental analysis, caused a moral depression so overwhelming that, had it lasted for a year, it would have been thought by Mill to justify suicide. Its removal seemed almost as accidental as its origin. It led, however, to the conclusion that, not happiness, but some end external to it, must be treated as the object of life. "Ask yourself if you are happy, and you cease to be so." This great crisis fairly past, no other storm seems to have disturbed the tranquil course of self-development. The philosophical divergences which latterly existed between him and his father on many important points led to no disruption, and were, as far as might be, when both were still collaborateurs in the same literary enterprise, glided by without discussion. Not a few of those whom about this time he learned to know differed widely from him even then, and must since be classed among his sternest opponents. Yet for none has Mill, on that account, a word of depreciation; rather, indeed, of almost exaggerated praise. With his marriage with the lady for whom he had long felt a Platonic affection the short summer of his life commences. His nature is, as it were, perfected by the union with one whose moral and intellectual proportions so far, in his fond eyes, transcend his own. All his greater works are breathed on by her spirit. The "Liberty"—of which Professor Van der Wijck has said, "Mill's previous books command our respect; this makes us love the author"—is almost wholly hers. From her death the tale is brief and fragmentary; it almost seems as if the writer cared less to revise or complete. It deals with his parliamentary career—more successful in his eyes than in those of the world; his so-called crotchets; his influence with the working men and alleged prevention of formidable disturbances after the first Hyde-park riots. To many, the memoir will present Mill as more *prononcé* on several points than was supposed by everyone. It paints with half-unconscious realism that modest but ardent nature, ever receptive of new truths, yet, in its quiet reliance on its own reason and its scorn of *banal* society, not always distinguishable from something like arrogance. It records a training as singular in its character as in its success; yet which, after all, made a philosopher rather than a statesman out of materials enough for both, and leaves us doubtful, as we close the book, whether to deem it a pattern or a warning.

Sanitary Engineering; a Guide to the Construction of Works of Sewerage and House Drainage, with Tables for Facilitating the Calculations of the Engineer. By BALDWIN LATHAM, C.E., M. Inst. C.E., late President of the Society of Engineers, &c. 8vo, pp. 352. London: L. & F. N. Spon. 1873.

THE publication of this work is well-timed. It will supply a much-felt want among the numerous sanitary officers recently created under the Public Health Act, 1872. Although intended for the engineer, it is full of instruction to medical officers of health and other sanitary officers. It sets forth clearly, and withal succinctly, the principles which guide the engineer in constructing works of sewerage, and it abounds with valuable information which it is desirable that all sanitary officers should possess. Mr. Baldwin Latham has the art of writing clearly and without diffuseness, and he has been aided to good purpose by the draughtsman and engraver. The work, indeed, is profusely and well illustrated, and the illustrations form not the least instructive part of it. The one defect of the work is that, although it possesses a passably good index, it is without a summary statement at the beginning of the subjects of the different sections. The absence of this summary makes quick reference to particular sections difficult, and we hope the defect will be remedied in subsequent editions.

It scarcely falls within the province of a medical journal to deal in any detail with a technical work of this class, and we propose to touch only on two or three questions incidentally raised in the course of it.

Mr. Latham, we may note in passing, lays great stress upon the importance, in designing a system of sewers, of making proper provision for the effectual drainage of the subsoil, and that the works for this purpose should be carried out so as to prevent any chance of sewer water percolating into the surrounding ground. On the question of water-supply in relation to sewerage, Mr. Latham's observations are peculiarly suggestive. He holds, in common with most other engineers of experience, that the great consumption of water in towns is due rather to imperfect fittings than to the introduction of waterclosets. "At Croydon," he states, "the author made numerous experiments, and found that for all domestic purposes, inclusive of waterclosets, the average consumption of water in houses in which the fittings were perfect did not exceed five gallons per head per day, and this result was arrived at in the case of houses which were above the rateable value." Such an observation ought to bear good fruit in dealing with the important question of the sewerage of villages and towns in which a comparatively scanty water-supply can alone be obtained. At the present moment it is customary to found a general water-supply upon the following data:—Domestic supply (without baths or closets) 12 gallons; add for general baths 4 gallons; waterclosets 6 gallons; unavoidable waste 3 gallons; making a total house-supply of 25 gallons. This is altogether exclusive of the supply for trade purposes (Parkes, p. 6).

In discussing the question of "back-drainage," we are not quite clear whether Mr. Latham has not fallen into error. There seems to us in his observations on the subject some confusion between public sewers and private house-drains. The question of a public sewer doing the duty of a private house-drain in back premises is certainly new to us.

Two of the most instructive sections are those relating to "materials employed in the construction of sewers and their mode of application," and on "cement and mortar." The latter section deserves careful study. There is a popular fallacy as to "cement" as a safeguard against soakage and leakage in underground works, particularly cesspits, which at all times is apt to interpose a difficulty in the way of a medical officer of health's and inspector of nuisances' action, if, indeed, they themselves do not partake of it. A study of what Mr. Latham has to say upon the subject should have an important effect upon the hygienic arrangements of towns and villages which have not, or cannot have, a system of water-sewerage.

The chapters on the ventilation of sewers and drains, on gullies and traps, and on waterclosets, are very valuable. The observations and suggestions on charcoal ventilators show that it is probably practicable to use these agents without causing greater mischief than the evil they are designed to remedy.

THE LANCET.

LONDON: SATURDAY, DECEMBER 6, 1873.

AN old but very important question has been lately raised as to the present value of European life in India. Dr. FREDERICK MOUAT has come forward and boldly advocated the view that the chances of survivorship of Europeans with insurable lives are nearly, if not quite, as good in India as they are in Great Britain. The expression of this opinion has been called forth by a letter addressed to him on the subject by the chairman of the Positive Life Assurance Company. This Company had already given the best practical evidence of its belief in the correctness of this view by issuing policies to Europeans in India at the same rates as are charged by them for English risks. As might readily be conceived, other Companies soon began to take up the question, which, apparently, had already been settled by the results of statistical data and previous experience. We have before us a very ably written reply to Dr. MOUAT'S letter from Dr. EWART, addressed to the Secretary of the Standard Life Assurance Company, Calcutta, which puts us in possession of the grounds on which he dissents from the conclusions arrived at by Dr. MOUAT.

We are not concerned with the business aspect of the controversy, which, apart from its financial considerations, involves points of scientific and general interest, considering the very important relations in which India stands to this country. It would be impossible to discuss all the arguments advanced by Dr. MOUAT in support of the position he assumes. Let it suffice that he regards the old tables of mortality in the various services of the Indian Government as not applicable to the present time, because the physical and moral conditions of life in India are so greatly improved; that the habits of society are greatly changed; that the effects of telegraphs, steam communication, and railways in securing the rapid removal from unhealthy to healthy localities have not been sufficiently taken into account; and that the beneficial influences from the operation of all these causes are such as to satisfy him that, if the data existed for the construction of corresponding tables now, the chances of survivorship to all other classes of Europeans have improved as much as the War-office returns show to be the case with the European soldier in India since 1863. We are not told how we can measure the effect, however, of all these influences on the duration of life, which is the point. Dr. MOUAT attributes much of the sickness and mortality, usually ascribed to climate, to preventable causes within the control of the individuals themselves; and he supports this position by an appeal to the results afforded by the Presidency gaol of Calcutta and the European penitentiary at Hazareebagh; and he adds that, during his thirty years' experience in India, he could "almost count on his fingers the number of persons in his large circle of acquaintance who have died from tropical diseases or affections which could be fairly traced to purely climatic causes." He then goes on to institute a comparison between the diseases of India and Great Britain, the abdominal organs taking the place in the former, of those of the chest in the latter country, in their importance as sources of disease and causes of death. Europeans are less liable to certain classes of disease in India than at home, and when they contract these they are milder and more amenable to treatment; while, on the other hand, the exciting causes of nearly all tropical diseases are tolerably well ascertained, and, to the majority of them, Europeans of the class who effect insurance on their lives need never be exposed, and, as a matter of fact, are seldom or never exposed. Dr. MOUAT confesses that Europeans proceeding to India after forty years of age run greater risks to health, but the number of these, being practically so small, does not materially affect the calculations. Lastly, Dr. MOUAT calls attention to the fact that he has not included the epidemic diseases of India in his remarks, because the incidence of the most formidable of them is no longer confined to India, and because they exercise very little appreciable influence upon the risks to life of the classes who are likely to effect assurances, and may, therefore, he thinks, be safely disregarded in the discussion of the question.

We feel compelled to state, after giving Dr. MOUAT'S letter all the consideration in our power, that we regard his reasoning as calculated to mislead and as quite inadequate to support his deductions; and we very much doubt whether his conclusions are not at variance with the facts. Be this as it may, the whole argument is mainly of an inferential character. As a Fellow of the Statistical Society, we need scarcely remind him that the whole system of life assurance is based upon statistical data; that impressions have nothing whatever to do with the subject; and that, owing to the fluctuations incident to small numbers, no conclusion as to averages can be drawn from a small array of figures extending over short spaces of time. When Dr. MOUAT speaks of the deaths that he could almost count upon his fingers as occurring among his acquaintance, he is naïvely taking up the position of ANTHONY TROLLOPE, who facetiously said he did not believe any statistics above 6! Again, there is no parallelism between European soldiers serving in India and the classes who usually effect assurances on their lives. The preventable sources of disease among the former are attributable in a great measure to their mode of life, and to their inhabiting barrack-rooms in common, and frequently badly constructed and badly ventilated barrack-rooms. The latter have never been exposed to similar conditions, and the most that can be done by the Imperial Government is to render the conditions of life of the private soldier as nearly equal to those of the officer and civilian as is compatible with their respective duties in life. The sanitary improvements carried out of late years as regards the troops can have had no effect, or only an indirect one, on the classes who were never subjected to the same conditions. Even if the illustration were not irrelevant, it might still be objected that, if the mortality among our troops in India has greatly diminished, the invaliding has vastly increased, and it may be in a corresponding ratio. But the question is—What becomes of the men afterwards? Do they live to the age that they would have attained had they never served in India? As Dr.

MOUAT has hazarded his impressions derived from his personal observation, we may add ours. We are convinced that tropical service is sometimes a direct and, still more often, a remote cause of inefficiency and premature death in soldiers. So far from malarious fever being in any way protective against pulmonary diseases, clinically allied to tuberculous affections, for example, we are convinced, with Professor MACLEAN, that it is very often an important factor in the production of such diseases. We should be curious to ascertain the results of statistical data as to the average duration of life among officers who are serving or have served in India, because our impressions would lead us to very different conclusions from those arrived at by Dr. MOUAT. If diseases of the thoracic organs present a formidable array in the tables of mortality in this country, it must not be forgotten that the means of detecting such diseases, and the extreme care taken by the medical officers of Life Assurance Offices in doing so, impose limits on the number of persons who succeed in effecting assurances on their lives. Why are epidemic diseases, moreover, excluded from consideration? Cholera may be termed an endemic and perennial source of disease in India, but it is happily only an occasional visitant of this country. If cholera, from the life assurance point of view, be a disease of relatively insignificant importance in England, still we imagine that it cannot be so in India. Although the number of officers who succumb to that disease in India is small in comparison with that of its victims amongst the rank and file, it is far in excess, we suspect, of what would take place in this country among the same classes. Many officers unquestionably perish in India from cholera and hepatic disease. Dr. MOUAT must know that officers have to go where they are ordered—to Peshawur, for instance. We confess that we are strongly opposed to dealing with a subject of this kind on *a priori* grounds, but we cannot shut our eyes to the fact that our race is not cosmopolitan. Nature has imposed barriers to our occupying the whole earth and replenishing it. There are physiological grounds, as it seems to us, which would render it very improbable that the average life of average Englishmen would be the same under conditions of climate so dissimilar as those of this country and the plains of India. We are dealing with India of the past and present. What the future value of life in that country may be neither Dr. MOUAT nor we can prophesy with sufficient accuracy to guide Life Assurance Offices. So much for our own opinions on this matter. We find strong confirmation of their correctness in Dr. EWART's communication. The question is, after all, one of statistics; and so far as these are at command, even up to recent dates, their tendency is opposed to the views advanced by Dr. MOUAT. To write on this subject as he has done without statistical evidence is—to quote the hackneyed phraseology—the play of "Hamlet" with the part of Hamlet omitted. Dr. EWART's reply appears to us a crushing one; but the question being of a scientific and matter-of-fact character, we should have preferred to see it discussed, without the least acerbity, on its merits.

IN that model address with which Mr. PRESCOTT HEWETT opened the Clinical Society last year, he referred to the importance of the opportunities for clinical observation enjoyed by private practitioners, expressing his conviction that good, sound, useful work is to be done clinically in private practice. "Nay more," he said; "if rightly viewed and rightly used, the clinical results to be obtained in private practice are, I think, in many respects, of much greater value than those which can generally be obtained in our hospitals." We ourselves have often remarked on the advantage enjoyed by the private practitioner, at the same time that we have pointed out some of the disadvantages under which he labours. It would neither suit him nor his patients to make an ostentatious note of all symptoms and of all the weak points in family history so far as it is known to the patient or to be gathered in taking the history of any individual illness. A patient goes to a hospital or to a consulting practitioner expecting to be completely overhauled, and indeed feels a certain disappointment if he is not minutely examined. But, as a general rule, in private practice, patients do not like inquisitorial investigations into their health; they like to be cured with the minimum amount of examination, and have a notion that the doctor who can divine their complaint with the least amount of cross-questioning is the shrewdest man. Not only is slight examination agreeable to many patients, but it is convenient to many practitioners, who have either not the leisure or the taste for going deeply into the cases which they have to treat. Nevertheless, it remains true that private practice affords a field for a much more continuous and minute observation of cases than either hospital or consulting practice, and that with a little method this field can be utilised by the practitioner without any serious annoyance to his patients or loss of time to himself, and with the advantage of giving to his work a far more scientific and accurate character than it can possess if done in a slipshod way. If we are asked for illustrations of the kind of clinical observations that might be made without fussy minuteness, we should refer our readers to the address which we have already characterised. Of course in every line of the account of the several groups of cases detailed by Mr. PRESCOTT HEWETT there is apparent the high aptitude for seeing and comparing and classifying clinical facts—an aptitude which does not reside in all medical minds. But there is far more of it in most practitioners than is used, and there would be still more if they were careful to exercise the gift that is in them.

Two or three important advantages would accrue if private practitioners would make use of their great opportunities of clinical observation. We should have large additions to our knowledge of the relation of diseases both to given constitutions and to each other. We should gain more accurate ideas of the importance of the element of time in diseased processes. We should arrive at a sounder knowledge of what drugs can do and cannot do, and of the value of other agencies in the treatment of disease. Finally, we should be furnished with data for a more favourable view of many cases than is apt to be taken by the consulting class of practitioners, who are too pathological in their bias. The corrections of a too refined diagnosis and prognosis which are made by events and the process of time would make a volume of the deepest interest. Though we boast of having got rid of the idea of disease being an entity, we are still the victims of it, and see in many processes of

slow change too much of the disease element and too little of the conservative one. The slight peg upon which some men will hang a diagnosis of grave disease is wonderful. Correspondingly so is the complacency with which they will give up treatment and resign a patient to the processes of degeneration of which they may see the first steps. Between these first steps and the last, long years of useful, perhaps historical, life may intervene. Such a tendency is too apparent in many of the best physicians. The error is a great one, and the correction of it will come largely from a higher style of general practice. General practitioners will see that many of their patients with grave symptoms and very faulty constitutions take fresh starts in health, and that death is determined not so much by the occurrence of definite lesions as by the exhaustion of a certain reserve of force and health, which exhaustion may be obviated to a large extent by care and wisdom on the part of the patient and his medical attendant. Such observations are clearly possible only to those who can see patients and families over extended periods and in every variety of circumstances; in other words, only to the general practitioner.

IT is well known that in operations about the lower part of the neck care must be exercised to avoid wounding the larger veins, since on various occasions, where such an accident has occurred, a rushing or hissing sound has been heard, due to the entry of air into the vessel, which, being borne along to the heart, has almost instantly produced violent tremors and convulsions, quickly followed by death. It has been observed that the veins in which this has happened are destitute of valves; and physiologists have long been aware that in these veins, situated near the heart, the blood flows under negative pressure—or, in other words, that the heart acts as an aspirator, especially when its diastole coincides with inspiration. The precise cause of death, and the post-mortem appearances, have never been very accurately given; but it has generally been supposed to be due to arrest of the heart's action consequent upon the ventricles being filled with foamy blood. From some recent researches undertaken by MM. LABORDE and MURON, it appears that the symptoms are in some measure dependent upon the quantity sucked in, and upon the rapidity with which it enters the circulation. They state, as the result of a number of experiments they have made together, that if from 20 to 60 cc. of air be introduced into the peripheric extremity of a divided carotid artery in a dog of medium size, tetanic rigidity takes place throughout the whole body, and the animal gives one or two shrieks and dies, the breathing ceasing in full inspiration. If an examination of the body be made immediately, the heart is found to be spheroidal in shape, moderately dilated, and still contracting feebly; in the right ventricle, dark fluid blood; in the left, clear, foamy blood; in the coronary arteries, air-vesicles; the lungs are emphysematous at the margins, with small ecchymoses; the vessels on the surface of the brain are strongly injected; and all the arteries, and especially those of the circulus Willisii, contain a mixture of blood and air; the veins, however, contain but little air. When a smaller quantity of air, as from 5 to 15 cc., has been injected, the animals in some instances live for twenty-four hours, and exhibit the following symptoms: pitiful cries, tetanic rigidity, retching, complete paralysis, especially upon the side on which the injection has been performed, coma, cramps, and ultimately asphyxia. After death signs of softening are found in various grades, or capillary hæmorrhages, especially in the mesencephalon, medulla oblongata, and sometimes in the posterior lobes of the cerebrum, in the region of the choroid plexus, and in the hippocampus major. Sugar may almost always be found either in the urine or kidneys, and always in the liver. As MAJENDIE showed long ago, large quantities of air may be injected into the veins without harm if it be done slowly. MM. LABORDE and MURON have injected as much as 1120 cc. in the course of an hour and a half into the external jugular vein without death occurring. If, however, from 100 to 200 cc. are injected suddenly into the central end of the external jugular, the animal becomes restless, the pupils dilate to the uttermost, slight convulsion occurs, the respiration stops, and the animal is dead. On inspection, air-bubbles are found in the opposite external jugular, which move to and fro till death occurs. The action of the heart is quickly arrested. The right ventricle is found widely dilated and filled with foamy blood, whilst the left contains a little dark blood without air-bubbles. The coronary veins and all the neighbouring venous trunks contain air-bubbles, as do also sometimes those of the liver. The lungs present emphysematous margins and capillary apoplexies; and in the brain the vessels are found to be congested, with air-bubbles in the veins, and occasionally, though rarely, in the arteries. The same phenomena are presented even if the vagi have been previously divided. It thus appears that air which has entered the blood circulation is transmitted through the capillary plexus and reappears in the veins. The cause of death when air is injected into the arteries is anæmia of the medulla, caused by air embolies, which occur suddenly or slowly according to the rapidity of the injection. When air has been injected into the veins, the cause of death is the arrest of the heart's action through mechanical interference with its movements, providing a sufficient quantity has been suddenly injected.

A PAPER by Mr. CALLENDER in the last volume of the St. Bartholomew's Hospital Reports, giving his experience of "Two Years of Hospital Practice," is well worthy of notice. As a reply to Sir JAMES SIMPSON's strictures on hospitals and hospitalism the results given by Mr. CALLENDER on the very first page of his paper are noteworthy, not to say convincing, for they show results which are simply astounding. During the two years ending in May last Mr. CALLENDER had 17 amputations and 22 compound fractures under his care—*all* of which recovered! The operations of all kinds (except for hernia) were 179, with only 5 deaths, these following lithotomy, the removal of a tumour, tracheotomy, and ovariotomy (two cases). The hernia operations were 16, with 5 deaths.

Gratifying as these results are as showing that, at St. Bartholomew's Hospital at least, patients have not been exposed during the last two years to morbid influences arising within the hospital, we must take the liberty of

criticising them in one or two particulars. In the first place it is very remarkable that during two years Mr. CALLENDER should not have met with one of those severe "smashes" of the leg or thigh which are but too familiar at Guy's, University, or the Royal Free hospitals as the results of railway injury, in which the limb is so damaged as materially to endanger the life of the patient if preserved, whilst his general condition is such as to render primary amputation extremely hazardous. As Mr. ERICHSEN's name has been brought forward somewhat prominently in connexion with hospitalism, in consequence of some observations contained in his recent Introductory Address, we have taken the trouble to refer to the Report of the Surgical Registrar of University College Hospital for the year 1871; and we find that of 18 cases of compound fracture admitted into the hospital during that year 10 died—1 half an hour, 1 an hour, 1 three hours, 2 one day, and 1 three days after admission, amputation having been performed in the last case. All these, with one exception, were railway accidents. Perhaps the non-occurrence of these and similar casualties may account for Mr. CALLENDER's disbelief in "shock"; for he says that, "except in cases admitted moribund, I never found anything in pulse, or temperature, or respiration which could collectively be said to indicate shock."

Still, putting the class of "smash" aside, it is undoubtedly most remarkable that 22 consecutive compound fractures should have done well. Nor is this success attributable to any specific plan of treatment. Mr. CALLENDER is no believer in the "germ-theory," and does not practise LISTER's antiseptic method, though he uses carbolic acid as a lotion. His treatment is best expressed in his own words.

"Cleansing an accident-wound or washing an operation-cut with carbolic-acid lotion or with chloride-of-zinc solution, covering the parts with carbolised oil on lint, and sometimes covering an open sore with balsam of Peru, has been the rule of treatment; whilst over all immediate dressings a thick covering of cotton-wool has served the purpose of protection and of warmth-giving, and perhaps has been a help in preventing contamination. But with these measures my use of an antiseptic treatment ends; and I have the strongest belief that success in the further management of operation and other wounds is ensured by extreme care and gentleness in the manipulation of the parts, by strict maintenance of rest, and by giving free exit to all serous discharge or matter."

Mr. CALLENDER does, it is true, employ a little special contrivance—viz., a camel's-hair brush, which is used instead of sponge to cleanse the wound. This is rigidly restricted to one patient's use, and thus all contamination from sponges &c. is avoided—a most important matter.

Turning to the amputations, of which there were 17 without a death, it is remarkable that on the next page a table is given of 30 amputations performed during the last four years by either Sir JAMES PAGET or Mr. CALLENDER, and including therefore the 17 already mentioned. Here, again, we have no death, although 26 of the operations were in the lower extremity; and we are driven to conclude, therefore, that during the last four years there has been a singular dearth of severe operation-cases at St. Bartholomew's. It doubtless says a good deal for the sanitary condition of the hospital that during four years in one set of wards no death from pyæmia should have followed an amputation, and it would be interesting to know whether other wards under the care of other surgeons show equally satisfactory results. On the other hand, if 13 amputations did as well under Sir JAMES PAGET as the 17 under Mr. CALLENDER, there can be nothing in the treatment adopted by the latter gentleman especially favourable to recovery; and though we give him every credit for the intense devotion to his hospital duties manifested in the paper before us, we must demur to some of his deductions.

THERE is no episode in the somewhat inglorious war that we are now prosecuting against the Ashantees on the West Coast of Africa so satisfactory as the speedy, able, and energetic way in which the hospital ship *Victor Emanuel* has been fitted and sent off for the benefit of our little fighting force under the command of Sir GARNET WOLSELEY. The Admiralty and War-office authorities have worked in this business with wonderful unanimity, and with very great cordiality; and since the 15th of September last, when the ship was first inspected, the sister services have vied with each other in endeavouring to produce a model floating hospital in accordance with the most approved principles of sanitary science afloat. How far they have succeeded, those who have read our descriptive and critical notes in THE LANCET of the 22nd ult. and to-day can best judge. The preliminary designs were made at the Army Medical Department with great care and consideration, the Director of Transports appears to have endorsed them and to have supplemented them with much able and valuable advice, and, from the beginning to the end of the business, no sort of hitch seems to have occurred between the two departments. There is in this much more than meets the eye of the civilian; for your British soldier and your British sailor, though both good men, have not many points in common, either on fighting, administrative, or sanitary matters. The bare idea of cutting up the deck of a ship for purposes of ventilation would have horrified "my lords" less than twenty years ago; and the excrescences in the shape of latrines, laundry, &c., that now adorn the *Victor Emanuel*, would have been classed as unendurable disfigurements on board any commissioned ship. But we have changed all that, and the way in which the working representatives of Mr. GOSCHEN and Mr. CARDWELL have performed their duty is a great credit to all concerned. The ship has been inspected by the Secretary of State for War, and has been closely supervised by Sir WM. MENDS, Director of Transports, on behalf of the Admiralty, and by Sir WM. MUIR (acting for the Medical Director-General), on behalf of the Army Medical Department. Dr. PARKES, Dr. DENIS MACDONALD, and others connected with the establishment at Netley, also examined the ship critically before her departure; and the entire outfit has been most carefully supervised by Sir LEOPOLD M'CLINTOCK, the Admiral Superintendent at Portsmouth. But we believe the main responsibilites of the work have devolved upon Dr. MARSTON, on the medical staff at Whitehall, and to him the chief meed of praise is due. For, indeed, he has been

mainly instrumental in sending out the most complete specimen of a floating hospital that has ever left our shores; and hence we think our description worthy of perusal by all those interested in sanitary science afloat, whether as connected with the army, navy, emigration, or port sanitary services.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS.

THE recent examinations for the Fellowship of the Royal College of Surgeons have been very trying, apparently, to the candidates, for we learn that in the first examination in anatomy and physiology, seventeen out of twenty-eight candidates were rejected, while for the second examination in surgery, five out of ten failed to satisfy the examiners. When we come to examine the papers, we find nothing that ought to have proved a bar to success—in fact, the papers are not so difficult as on some previous occasions; and we are therefore driven to conclude either that the standard of answering is being raised above, or that the calibre of the candidates was below, that of former years. We trust that the former is the case, and shall rejoice to find the Fellowship of the College of Surgeons really becoming an honour to be striven after and appreciated when attained, rather than, as has been the case in days gone by, an ornament to be possessed by anyone who paid ten pounds and went through a very mild examination.

Since third-year's students are now admitted to the examinations in anatomy and physiology, it would be interesting to know whether they exhibit any evidence of that improved teaching of physiology which the Council contemplated when it made the course of Practical Physiology compulsory. We notice that in the paper set at the recent examination, a distinction was for the first time drawn between the anatomical and physiological subjects, and we should like to know whether the seventeen failures occurred in both or only one set of questions. Perhaps it would be more fair if a larger number of questions were set, so as to give the candidates a choice, instead of their being compelled to answer the whole of those set before them. During the last summer a return was called for by the Council of the College from the several schools, as to the manner in which the subjects of practical physiology and practical surgery were taught in each, and we hope that return will shortly be laid before the Council and published. We have reason to believe that in more than one school the pupils do not enjoy the opportunities they are entitled to for the study of these subjects, and if so, it is not surprising that they fail to master satisfactorily the higher range of questions properly enough propounded at the *viva voce*, if not at the written, examination for the Fellowship.

"SWEET SPIRITS OF NITRE."

IT is somewhat unfortunate that the campaign against adulteration of drugs should have been marked thus early by a reverse which is mainly due to an unwise selection of the point of assault. The Westminster Board of Works has failed to obtain a conviction against a number of druggists for selling "adulterated" sweet spirits of nitre. We say that this was an unfortunate drug to select, because, medically, it has little or no interest, being probably almost entirely devoid of those diaphoretic and diuretic properties with which it was formerly credited. It is very desirable, however, that the motives of the Westminster authorities, and their analyst, Dr. Dupré, should not be misrepresented, as they have been, by the very incorrect reports of the proceedings at the police-courts which have appeared in the papers. From these it would seem that Dr. Dupré advised his Board to prosecute the drug-dealers simply for making sweet spirits of nitre by a different process from that laid down in the British Pharmacopœia of 1867. This was not the case. Dr. Dupré, in his evidence in chief, said nothing about the process at all, but gave distinct proof that the inculpated articles contained less than the proper quantity of nitrous ether—the only ingredient which gives spirits of nitre any different action from that of so much alcohol. The Pharmacopœia plainly intimates the fact that the drug ought to contain so much nitrous ether that two per cent. of the latter will be separated by agitation with chloride of calcium. It appears, however, that the public, who take sweet spirits of nitre in enormous quantities without any medical prescription, insist on having the old-fashioned "sp. etheris nitrici," as it used to be called, when made by the action of nitric acid upon alcohol—a process which does not and cannot secure any regularity in the percentage of nitrous ether. In further excuse for selling the old-fashioned drug, instead of that ordered in the Pharmacopœia, the druggists say that sweet spirits of nitre can never be anything but unstable in composition, and that it is difficult to make it by the orthodox process. It appears, however, that this is not correct. Dr. Dupré informs us that the very first time he used the Pharmacopœial process he succeeded in making a perfect specimen of the drug. He has submitted that sample, made more than two years ago, to our inspection, and it appears to be perfectly good, and not disagreeable in smell; it has lost only a very fractional portion of nitrous ether in the two years.

As we said before, it is a pity that the crusade against adulteration has been directed against an article that is harmless and of little consequence; and it was, perhaps, rather harsh, in appearance, to charge the tradesmen who sold the inculpated specimens with adulteration at all. On the other hand, there is a reason for which we do not regret that this business has been stirred up. It gives us the opportunity of informing the public that sweet spirits of nitre, whether made in the old fashion or the new, is of little worth; but that when made by the blundering old process it possesses absolutely no value whatever.

THE CONJOINT SCHEME FOR ENGLAND: A SUGGESTION.

IF we are not misinformed, the Committee of Reference is completing the Conjoint Scheme of Medical Education and Examination for England. It is said by those who ought to know something about the matter to be a good scheme, and one approaching perfection. It will be ready for submission to the medical authorities in a few weeks. It is not likely to be compulsorily applied for four years, in consideration of students who have commenced their studies before its completion. Nevertheless, it is hoped that most of those who qualify at the English boards will prefer to take the Conjoint qualification. Only, indeed, a financial obstacle would be likely to determine men to apply for the single qualifications. And even those who have not £30 to spare for the English Conjoint qualification will be likely to go North and take the Scotch one for about half the price. As we have all along pointed out, this disparity of charge, even if it does not represent a disparity of examination, will prove a serious flaw in the approaching experiment of voluntary Conjoint Boards. We may, however, hope that the time is nearing when such an anomaly and injustice as the "man with a single qualification" will cease. It

would be a just act of grace on the part of the examining bodies to institute a nominal examination for, say, a year, in favour of men who are at present practising with only one qualification.

INCREMATION AND URN-BURIAL.

PROF. BRUNETTI (*Rev. Scientifique*, Nov. 22nd, 1873) gives the details of the apparatus that would be required for the process of incremation. After having made several experiments on the human subject, in which the bodies were burnt in the retorts of gas manufactories in closed receptacles and with free access of air, he first satisfied himself that the complete and perfect performance of the process would be impossible under all ordinary conditions. In the first place, there is required an oblong furnace of fireproof bricks, having ten holes below, by means of which the intensity of the fire can be regulated. The upper part of this should be hollowed to receive the coffin, and over this a domed cover is to be placed, by which the flames, as in a reverberatory furnace, may be directed upon the body. Within the coffin is a metal support or table on which the body rests, fixed by thick iron wire. The operation embraces three periods —the heating of the body, its spontaneous combustion, and finally, the incineration of the soft parts and the calcination of the bones.

During the first period, and about half an hour after the pile of wood within the furnace has been lighted, the combustion of the body commences. It gives off a large quantity of gas, and the management of the reverberatory parts of the furnace is of great importance.

During the second period, the spontaneous combustion of the body takes place, which, M. Brunetti remarks, produces a profound impression on the mind—"impressionne toujours l'esprit et vous rends pensif."

If the wood has been well arranged, two hours suffice to produce complete carbonisation. During the third period, the air-holes being opened, the carbonised mass is collected and placed upon a fresh plate, and the heat is now urged to the utmost, a fresh supply of wood being inserted. By means of this arrangement, at the expense of about 150 lb. of wood, complete incremation—that is to say, incineration of the soft parts and perfect calcination of the bones—may be effected in two hours. When the furnace has cooled, the cinders and the bones are collected and deposited in a funeral urn. Prof. Brunetti found the body of a woman aged thirty-five, weighing about 110 lb., reduced to about 4½ lb. A man of forty-five, weighing about 90 lb., was reduced to less than 2½ lb.

THE GOLD COAST EXPEDITIONARY FORCE.

SIR GARNET WOLSELEY has a special staff, which may be termed the flower, and he will soon have a small European force composed of the "pick," of the British army. There are no finer regiments in the world than the Rifle Brigade, the 23rd Royal Welsh Fusiliers, and the 42nd Highlanders. All the accounts that reach us would lead to the supposition that the dangers to health of service in the bush are not—and we have always contended that they would not be—so great as anticipated. The troops on active service in the field, considering the climate and other conditions to which they are exposed, are, in fact, at present in very good health. The opinion begins to be more generally entertained that the country is healthier further inland, and it is reasonable to hope that the sanitary condition of the troops will improve in proportion to the distance they are removed from the maritime district. The difficulties connected with transport and commissariat must, however, increase in proportion to the distance the troops are from their base of operations; and we have yet to learn the effect of preserved meats and salt rations on soldiers operating in the field. The ration laid down by the War Office for the expeditionary force appears to be liberal, sufficiently varied, and indeed excellent, but the men may not always be able to get it. As far as the exercise of foresight can guard against disease our troops ought to fare well, and we still see every prospect of their doing so. The water difficulty turns out not to be so great as anticipated. Bilious remittent fever of a severe form occasionally attacks new-comers, and we must expect a certain amount of mortality from this cause; but yellow fever has rarely, if ever, occurred at Cape Coast. It prevails, however, at the ports to the eastward of the Castle, and we are glad to hear that Dr. Home has already taken every precaution by a quarantine ordinance against its introduction by the shipping. This is most essential, for we have always held that far more is to be feared from an epidemic of yellow fever than from any of the malarious diseases endemic to the place. It is, however, perfectly beyond the power of anyone to foretell the advent of yellow fever, but the medical officers must relieve themselves of the responsibility of doing what they can to provide against such a contingency. By all accounts the Ashantee army is hard pressed for provisions, and whatever may be the appearance of their fighting men, their slaves are described as looking half-starved. The occurrence of that occasional scourge of armies—famine fever—must not be lost sight of. Medical stores of all kinds are pouring in, and let us hope that the necessary attendants for unpacking and arranging them are already there or on their way. Our correspondents describe the supply of stores and general arrangements, as far as it was practicable to make them at home, as leaving little if anything to be desired. Much must, of course, rest with the local authorities; but Sir Garnet has the character of believing in doctors, and all seem agreed that he has in his principal medical officer a doctor of the most energetic kind. So far, then, all promises well, and we trust that the amount of that unknown quantity (disease) which the European force must encounter in such a climate may not prove great, if the expedition be vigorously carried out, and the operations be strictly circumscribed within the limits of the dry or healthy season.

TYPHOID FEVER AT CAMBRIDGE.

CAMBRIDGE is at this time suffering from an alarming outbreak of typhoid fever. This fever has been prevailing to some extent for the last six months; but within the last ten days several cases have occurred at one College (Caius), one of which, we regret to say, has terminated fatally, and two other cases are seriously ill. Isolated cases have occurred at other colleges, whilst amongst the townspeople it is very prevalent. It cannot, therefore, be traced to any defective sanitary arrangements in one particular college. Two causes have been assigned for it—viz., a bad system of drainage, and a supply of impure water. With regard to the drainage, a few months ago a memorial was sent to the President of the Local Government Board by sixty members of the University complaining of the system of sewerage, and asking for an inspector to be sent down to examine and report on the imperfect drainage. The Town Commissioners, in their report on that memorial, said that they had always been giving the subject their most earnest attention, and that they had ever since the year 1863 employed the most eminent engineers to draw up elaborate reports; but no action was ever taken on these reports. With regard to the water supplied to some of the colleges, we understand that it has been analysed, and found impure.

We hope a searching inquiry, which appears to be demanded, will be instituted into the origin of this outbreak of fever in one of our university towns.

SIR HENRY HOLLAND AND THE ROYAL INSTITUTION.

AT a meeting of the Royal Institution held on Tuesday, a letter of condolence was addressed to the family of Sir Henry Holland, the late president. The letter expresses sympathy with them in their bereavement, and states that the loss is one "in which the Institution largely shares, and it has to deplore a president esteemed by all for his distinguished scientific and literary attainments, for the abilities and varied experience he brought to the performance of his duties, and beloved for the uniform kindness and consideration with which he discharged them.....As president he was always at his post, ever prompt with assistance and counsel, a sound adviser, and a courteous friend. The recollection of his presence in the Institution will not soon be forgotten, and will long remain to be cherished by its members with affection and regard. The close of such a career must be noted with no ordinary feelings of interest and regret, and the members of the Royal Institution fully enter into the universal sorrow for his death." At the same meeting the Duke of Northumberland, D.C.L., was unanimously elected President of the Institution.

THE RAILWAY ACCIDENT AT LEICESTER.

WE have obtained, through the courtesy of Mr. Benfield, of Leicester, an account of the passengers and railway servants who received injuries at the recent accident near Leicester. The following may be taken as a complete list of the injured persons:—The guard was killed, while the driver and fireman escaped with only general bruises and slight scalp wounds. Mr. Edwards, of Nottingham, sustained a fracture of the tibia and fibula just above the ankle, and a severe contusion of the right forearm. Mr. Fletcher, of Derby, received a scalp wound, abrasions of shins, and contusion of chest and left thigh. Mr. Mitchell received a severe contusion of right thigh. Mr. Carey received contusion of side and left foot. Mr. Mills, wound on nose, bruise on forehead, and abrasion of skin. Mr. Hastelow, cut of right eyebrow and much shaken. The only injured person under treatment at the Leicester Infirmary is Mr. Payne, of Wimbledon. Mr. Payne was jammed up in a first-class compartment, and remained there two hours before he could be extricated. He sustained severe contusion of left scapula and shoulder-joint, and contusion of upper part of spine, severe contusion of left ankle, and laceration of its lateral ligaments, left leg slightly contused, right leg more so; no bones broken, but he suffers from great shock and sleeplessness. There were several other persons injured, but so slightly that they were able to continue their journey.

THE FAMINE IN SAMARA.

A CORRESPONDENT of the *Gazette de Kama-Volga* describes the bread in use among the famine-stricken population of Samara as having the aspect of dried mud. It contains fragments of straw, of ashes, and what appears to be actual earth, and to the eye did not show a vestige of flour. The odour from it, sour and unpleasant, arrested the attention. The bread used by the mass of the population of Paris during the siege, and which was exhibited as a curiosity to strangers, it is said was infinitely better than that to which the inhabitants of the famine-stricken districts of Samara have been compelled to have recourse. Of the Paris siege-bread Dr. Russell has written in his diary:—"I took back with me a piece of what they called 'bread' to Versailles—a sour-smelling, dark-brown mass, with a shining surface and soapy feel, like a combination of peat, horsedung, and Windsor."

A vacancy having occurred in the medical staff of the hospital of the *zemstvo* of Samara, the four remaining physicians have offered to divide among themselves the work of the vacant post until the end of the famine, if the emoluments of the post be devoted to the succour of the starving peasants. They have also requested that 5 per cent. shall be deducted from their own emoluments, making a sum of 240 roubles, and given to the same purpose.

BROADMOOR ASYLUM.

AN interesting and instructive peep into this human menagerie is given in our contemporary the *Hour*. The writer comments on the almost insuperable difficulty with which the medical staff have to struggle when convicts who have been apprenticed to crime are associated with respectable characters who have, from some cause or other, been suddenly attacked with homicidal mania. He also exposes the popular delusion that a great many people confined in Broadmoor Asylum are really sane, but have escaped capital punishment through the mistaken leniency of juries. Such, he confesses, was his own belief till he saw the inmates of the asylum with his own eyes. "I could not detect," he says, "a single countenance in which there was not a trace of mental discord. Some of the patients with whom I and Dr. Orange conversed were thoroughly intelligent on general subjects; but that they were in a state of repression was obvious." Guided by the superintendent, the writer was introduced to patients manifesting every type of insanity, some of whom had filled high positions in the professions as well as in literature and art. One of them was the American physician who about two years ago shot a young man as he was going to his work at the Lion Brewery, because he fancied he had been in his bedroom and had given him chloroform. He still fancies there are people in his bedroom, and that they come up between the boards and the skirtings; so he covers the floor with newspapers and protects his door with boxes. Another remarkable case was that of a gentleman, also a physician and sometime superintendent of a lunatic asylum, who had killed one of his servant girls. He was engaged in literary composition, incessantly "beginning again," on the principle of Penelope with her web or Sisyphus with his stone. The writer pays a high compliment to Dr. Orange, and effectively supports him in his view that the convict and non-convict classes should be separated.

PROVINCIAL HOSPITAL SUNDAY.

THE provincial papers show that the towns of the country are much exercised as to the establishment of Hospital Sunday. We hope the time is not far distant when every considerable town will have its Hospital Sunday. Religion never shows more consistently or to greater advantage than in promoting measures for the mitigation of human suffering. Towns which do not possess an infirmary should send contributions to their dispensaries and to the nearest hospital. And towns near London, even if they have a local hospital, will remember the claims of the metropolitan hospitals.

POWDERED COAL-TAR FOR WOUNDS.

M. MAGNIS-LABRNS, of Toulouse, adds charcoal to the coal-tar (33 per cent. of the latter), and thus obtains a light and porous powder, which does not irritate wounds, and which is easily washed off with cold water. This combination is a very useful mixture of two antiseptic substances. The charcoal absorbs the gases formed by fermentation, coagulates the albumen, and prevents its decomposition; thus effectually assisting the carbolic acid contained in the

coal-tar. Some wounds do not bear powdered applications; for these, 100 parts of the powdered coal-tar should be allowed to macerate for some hours with 400 parts of spirit, and filtrated. The spirit should be of only 18° Cartier, as a stronger would dissolve the resins. As coal-tar principally acts through the carbolic acid it contains, the above-mentioned maceration may be replaced by the following solution: crystallised carbolic acid, 1 part; spirit (at 18° Cartier), 99 parts. This solution is cheap and very effectual.

THE LATE FIGHTS ON THE GOLD COAST.

THE military success attending Sir Garnet Wolseley's strategy and tactics on the Gold Coast has been undoubted, and, measured by the failure of our military encounters with the Ashantees in previous expeditions, the serious reverses of the Ashantee army are very encouraging. The force that attacked Abracrampa was a large one, and, according to the accounts we have received, they fought with considerable determination and courage, returning again and again to the attack. Colonel Festing's little force at Dunquah was less fortunate, owing as much as anything to the desertion and cowardice of our native allies. It was here that poor Eardley-Wilmot fell—the officer who "was badly hit early in the skirmish, but, like an English gentleman, continued in the field at his post until subsequently shot through the heart." It is not for us to describe the devotion and gallantry of Colonel Festing, but it must never be forgotten that bullets make no distinctions between the combatant and so-called non-combatant officers. Two medical officers were, unhappily, wounded on this occasion, Surgeon-Major Gore somewhat severely, we believe, by a slug in the back in addition to having a severe contusion of the right arm. Where all have done their utmost it may seem invidious to make distinctions; but the medical officers run a double risk; besides sharing all the dangers of the fight, they have to encounter others of which but little account is taken. In this war, as in all others, medical officers have always been found "to the front."

PAUPER LUNATICS IN WORKHOUSES.

A CORRESPONDENCE has arisen between Mr. Eager, of the Guildford Union, and the guardians, as to the removal of lunatics. The Board, while protesting their desire to do nothing disrespectful to the law or to their esteemed medical officer, desire that, except in urgent cases of recent lunacy, they should be informed of the intention to transfer patients from the workhouse to the asylum. Of course there are many cases of obvious harmlessness in which there would be no risk in delaying their removal till after a meeting of the Board. But an "esteemed" medical officer should be allowed a large discretion. Very significantly, during this correspondence, a pauper has cut his throat and been removed to the asylum. Mr. Eager had a more serious complaint to make, out of which, indeed, the whole question arose: that an alleged lunatic to whose lunacy he had certified had been refused admission to Brookwood Asylum. He has repeated his certification, and if any harm arises he will be blameless.

EPIZOOTICS IN RUSSIA.

THE disastrous effects exercised upon the production of horned cattle in Russia by the prevalence of epizootic disease have been forcibly insisted upon by a recent Imperial Commission of Inquiry as to the agricultural state of the empire. Of all the causes which contribute to the arrest of production of horned cattle, the most powerful, say the Commission, is, without contradiction, the epizootics which prevail almost permanently in the steppes of the south-east, and which the herds, moving thence towards the north, scatter in all parts of the empire. The average annual loss of cattle from epizootic disease is estimated at 400,000. Each animal is valued at thirty roubles, making thus a direct annual loss in money value of twelve million roubles. There are entire districts along the routes traversed by the herds moving northwards, where it is simply impossible to raise cattle, from the constant introduction of bovine plague by the cattle passing from the southern steppes. Hitherto the measures adopted to check this evil have been too disconnected and unsystematic to have any perceptible effect upon it.

DORKING.

THIS picturesque little Surrey town is at the present time exhibiting a spectacle of "a house divided against itself" as touching the question whether for sanitary government the town of itself shall be constituted an urban district, or whether the rural authority (i.e., the board of guardians for the union) shall have urban powers over the town. A memorial in favour of the former plan has been most influentially and extensively signed, the signataries (it is said) including Mr. Cubitt, M.P., the vicar of Dorking, the entire body of the medical profession, and nearly all who represent the wealth, trade, and intelligence of the town. The other side would appear also to be getting up a memorial for signature, but it is clear that if the description given of the supporters of the one memorial be correct, the counter case will have but meagre support. Both parties will no doubt have an opportunity of being heard at the Local Government Board before a decision is come to, but it does not seem probable that if it is the decided wish of the townspeople to manage their own affairs the central authority will stand in the way of so reasonable a desire.

SEWERAGE OF ST. PETERSBURG.

IT would appear that there is some prospect of St. Petersburg being systematically sewered, and of waterclosets being established in that capital. Divers projects for the sewerage of this city have been suggested, but that which seems to be most in favour is one based chiefly on English experience. It is proposed to construct the sewers of stone and cement, oval in form, and lay them at a minimum depth of seven feet, to escape the influence of the frost. At the outlets the sewage will be raised by pumping, and carried to an outfall in the sea. Much is justly anticipated from such a system of sewerage, if obtained and carried out, from the drying of the soil, the interception of the liquid filth which now finds its way into the canals in the city, and from the removal of the excremental filth which now fouls the earth in the midst of and beneath the houses.

EPIDEMIOLOGICAL SOCIETY.

THE Secretary of the Epidemiological Society wishes to announce that at the next meeting, Wednesday, December 10th, at 8 P.M., at No. 11, Chandos-street, Cavendish-square, a communication from Dr. Tholozan, Physician to the Shah of Persia, "On the Development of Plague in the High Grounds of Europe, Asia, and Africa," will be read; and that Dr. Gavin Milroy will read a paper "On Quarantine in relation to Epidemic Cholera." Visitors for the evening are invited to join in the discussion to follow this paper.

LORD COLVILLE.

IT is to be feared that the injury sustained by Lord Colville last week will be fatal to useful vision of the right eye. There is every reason to believe that the shot has penetrated the eyeball, and still remains there. Happily,

there is no cause for uneasiness from any of the other wounds, and we trust that the calmness and resignation displayed by the unfortunate patient, combined with previous robustness of health, may ensure a speedy convalescence.

A REMARKABLE statement incidentally came out at a meeting of the St. Saviour's guardians last week. A letter from Dr. Steele, of Guy's Hospital, was read, complaining that a poor woman, after parturition, had died from exhaustion and want, parochial relief having been denied to her on the ground that, as she had been attended by a doctor from the hospital, she should apply there for everything she required. The relieving officer, in successfully vindicating himself from the charge brought against him, stated that the woman was confined at her own home in the presence of five medical students, after having been four hours under chloroform. We hope that these young gentlemen, in the pursuit of obstetric knowledge, had a responsible and qualified head among them in what appears to have been a bad case of labour.

MR. NAPIER'S contribution to the last meeting of the Medical Society, which will be reported in our columns, leads us to hope that his labours to facilitate the detection and removal of vesical calculi will prove of practical utility. Mr. Napier has certainly produced a very valuable form of retentive catheter, and his original ideas for affording ocular evidence of the presence of vesical calculus will doubtless be turned to good account in future inventions; also his "cocoa-butter points" are likely to prove useful in the application and modification of many of our present instruments.

A SPECIAL report, by a committee of the Poplar Guardians, states that in consequence of the establishment of district dispensaries and local sick asylums, the work of the district medical officers had been so much reduced that it is desirable either to diminish their numbers or reduce their salaries. We hope the Local Government Board, when appealed to on the subject, will exercise great caution in giving effect to a proposition for curtailing the medical relief of the poor of such a crowded parish as that of Poplar. It would require very strong evidence of inutility to warrant the reduction of already meagre stipends.

A MOTION, at the last meeting of the Holborn guardians, to hold a conference between the medical officers of the union and the medical officers of the Mitcham Schools on the question of eradicating ophthalmia from that institution, was negatived. A proposition to send down a "celebrated oculist who would not ask more than ten guineas" was also lost. Meanwhile, under the influence of improved hygienic arrangements and a more generous diet, the children give evidence that the disease is subsiding.

DR. CORFIELD, in his last report to the vestry of St. George, Hanover-square, pointed out that in some of the houses where the late cases of typhoid occurred, he found, on examination, that the waste pipe of the cistern went straight down into the drain. If this statement is generally true as regards the houses comprising the area of the recent outbreak of enteric fever, it is not necessary to go so far as contaminated milk for a solution of the mysterious outbreak.

THE Local Government Board lately showed itself solicitous relative to the warming and ventilation of the different wards of the Caterham Asylum. The governing committee have just reported that in both respects the state of the institution is satisfactory.

AT the last quarterly meeting of the supporters of the Middlesex Hospital, Mr. G. Edwards, a governor, drew attention to the fact of small-pox cases being registered at the hospital as well as at the Small-pox Hospital, thus often producing undue alarm among the public. The same rule of double-entry applies to typhoid, of which disease thirty-nine patients (two deaths) were admitted into Middlesex Hospital during the past quarter.

THE Stockwell Fever Hospital during the past month received 53 cases of fever. Of these 22 were typhus, 15 enteric, and 7 scarlet fever. The deaths during the period amounted to 13. At the Small-pox Hospital only 2 fresh cases were admitted. It is worthy of observation that the most recent cases of typhus were received from the parish of Bloomsbury.

ON the 21st ult. the General Council of St. Andrews University held its half-yearly meeting under the presidency of Principal Tulloch, when the contemplated affiliation of the University with Dundee was discussed in a highly favourable spirit.

DR. BURDON-SANDERSON has announced that the first lecture of his annual course of Comparative Pathology will be given, by direction of the Senate, in the theatre of the University of London, on Tuesday next. Subjects—(1) The Brown Institution; (2) The Physiology of Fever.

THE Preliminary Examination in General Knowledge for the diploma of Member or Fellow of the College of Surgeons will commence on Tuesday next, at the University of London, Burlington-gardens. It is stated that the number of entries is about 250.

MR. FRANCIS BENNOCH, founder and secretary of the Refugees' Benevolent Fund, was on the 28th ult. presented with a testimonial at a public banquet in Freemasons' Tavern. Sir Thomas Dakin occupied the chair, and Dr. F. W. Ramsay the vice-chair.

IT is ominous at this time of the year to read of large shipments of damaged currants for our port. There is now in a warehouse in Upper Thames-street two tons of such fruit seized and condemned by Dr. Letheby as being unfit for human food.

IN the final examination for the Fellowship of the College of Surgeons, held on the 27th, 28th, and 29th ult., there were ten candidates, five of whom were successful. The list will be published next week.

DR. CHARLES GASPARD DE LA RIVE, of Geneva, M.D. Edin., father of the more celebrated De la Rive, the physicist and electrician, died on the 27th ult., at Marseilles, of apoplexy. Dr. De la Rive was in his seventy-third year.

THE Dental Hospital of London has appealed for funds to enlarge its scope of usefulness. The institution is doing good work, and deserves support.

THE City still maintains its low death-rate, having had during the past fortnight but sixty deaths, and of these a third were of persons of sixty and upwards.

THE will of the late Dr. Dalrymple, M.P., was proved on the 20th ult. by his widow, personalty to the amount of £45,000 being sworn.

WE have to announce the death of Deputy Inspector-General James McFernan, R.N.

DR. GEO. EDWARD PAGET, Regius Professor of Physic in Cambridge University, and President of the General Medical Council, has been re-elected by the Senate a representative on the Conjoint Examining Board for England.

THE Duc de Nemours has been elected, by twenty-four votes out of thirty-four, to succeed the late Count de Flavigny as President of the French Society for the Relief of Sick and Wounded Soldiers.

REPORT
OF
The Lancet Sanitary Commission
ON
H.M.S. "VICTOR EMANUEL."

No. II.

IN continuation of our description that appeared on the 22nd ult. it may be observed that, at the second visit we paid to the ship three days before sailing, matters had progressed rapidly, inasmuch as she was then in commission, and had, besides her complement of bluejackets, marines, and others borne on the books, nearly 1700 dockyard hands at work in and about her.

We descended to the main or hospital deck by the hatchway just abaft the mainmast, constructed for sending below the sick and wounded, and found the cots all slung fore and aft in three rows on each side, and a specially convenient hand-rope over each cot. Here and there were cots for particular cases, with rests and fixed sides. All have small head table boards, which can be shipped and unshipped at pleasure. Many of the canvas screens were fixed to the rods above, but rolled up, and have scalloped tops, so as, when lowered, to impede ventilation as little as possible. This deck is also furnished with six of Messrs. Deane and Co.'s 16-inch American stoves, which may be useful when the vessel is passing through cold latitudes. The deck will be lighted by twenty-six Palmer's candle lamps, hung clear of the gangways. All are so placed that their glare will not fall upon the eyes of the patients immediately below, and they will be unshipped during the day. The closets have been ventilated with 14-inch pipes, which will act as up-casts, and have goose-necks above the upper decks. The floors immediately below the closets have been coated with cement, so that all accumulation of damp deposit external to the apparatus may be prevented. And, finally, slides have been, as we think very unnecessarily, provided for the perforated spaces near the floor, to be used if required.

As the ventilation of the officers' sick quarters on this deck aft appeared to be defective, perforated zinc spaces have been cut, opening into the screw well, which will serve as very efficient up-casts, if the slides with which they are also furnished are seldom or, as we hope, never used. This part of the deck is abundantly provided with seats, shelves, and various other conveniences; and the cabins for sick officers have, as we believe, all the neat "dodges" that may be found in a new warship, as well as all the "roominess" that used to exist in the best-class square-built old transports of days gone by.

We omitted in the former description to explain that the "birdcage-walk" on either side of the vessel is got at very easily, inasmuch as one of the ports has been cut to form an exit nearly six feet high, which might be used, as we believe, more conveniently for the entry of helpless cases than the hatchway specially constructed for that purpose. The utmost care appears to have been expended on the little but very important items of hospital arrangements. The cots are numbered on the beams above. There is an arrangement for lifts between the hospital and upper decks, by which the foul linen will be sent up in closed galvanised iron boxes, and, if necessary, plunged at once into boiling water. These lifts will also be used for removing the hospital utensils, &c., and so greatly economise labour and prevent dirt about the decks. The water tanks here and everywhere are conspicuously lettered, so that "what we shall drink" need be no mystery to anyone on board, and the way to obtain it is equally patent and simple. The down-cast ventilators are all furnished with deep saucers, to provide against sudden squalls. The fire hose and buckets are all snugly but very conspicuously hung. The dispensary, which opens on to both sides of the deck, is in good sea-going trim. And, finally, the deck has been lined throughout, above and below, from stem to stern, with a coat of white paint.

Having finished with the hospital deck, we took a last turn below. Here, on the gun deck, the ventilation had been considerably improved by the introduction of a special down-cast and up-cast into a sort of cul-de-sac near the chain locker, immediately abaft the engine-hatch, and as the mainmast is close at hand, this up-cast runs into it about two feet above the deck. We omitted to mention, in connexion with the ventilating arrangements of this deck, that there are two ports at the stern, and two at the bows.

Down again for an instant to glance at Messrs. Siebe and West's ice-making machine. This machine, which has an engine of its own, was, at the time of our visit, in full working order, and will manufacture nearly half a ton a day, in 48-inch slabs, which will be stored in the ice-room close at hand. There appeared to be some leakage in the neighbourhood of this room, which made the orlop deck sloppy, and is a defect worth remedying.

The laundry staff were in full swing with Messrs. Bradley's washing apparatus; and the bluejackets and marines had, apparently with very favourable results, tested the culinary properties of the galley.

In criticising briefly the arrangements of this very admirable hospital ship, we may as well go over the ground again and proceed seriatim from above downwards, and take leave at the outset to express unbounded astonishment at the line of action adopted by the War Office authorities in sending out a military commandant and an adjutant in this ship. Whom is the major to command, and what will be the official or clerical duties of the adjutant? We presume that the former is expected to have morning parades of the army hospital corps, and that the latter has strict instructions to see that there is no waste in the drug department. In fact, we can hardly imagine two fish so very much out of water, and very much commiserate the officers who have, by the inscrutable wisdom of the Horse Guards, been placed in so anomalous, not to say absurd, a position. Thus much for the sacred precincts under the poop. Proceeding forwards on the upper deck, there is little but praise to bestow. Tanks, galleys, washing apparatus, slop and washing rooms, are all excellently arranged, as are also the urinals and latrines, although there appear to be too few of the former, for it should be a cardinal point in all vessels not to allow any person whatever to use the closets below if able to come on deck. The lifts between this deck and the hospital proper will be very valuable for the purposes above described, but we see no reason why they should not be utilised in smooth weather for sending down the diets for the hospital galley. And now for the hospital deck, the ventilating arrangements of which are, of course, superlatively important. We enumerated in our last report the number and variety of natural and artificial sources of ventilation adopted as to this deck, all of which, according to our opinion, can be constantly available except in very heavy weather indeed, when it might be necessary to close the ports, and to lower the up-cast ridge coverings. And, as we take it, the designers of this hospital have taken advantage of every available means for inducing constant air movement between decks, although it is almost as difficult a matter to compass when the outer atmosphere is nearly stagnant, and the thermometer at 90°, as to supply the crew of the *Devastation* with fresh air when their hatches are down, and their ship set in order of battle. It is perhaps hypercritical to add that one or two fans with corresponding shafts, similar to those fitted to the monitors, might have been put

into this ship for emergency purposes. But with all the admirable arrangements already provided, it is necessary to look below, as well as above, so as to keep the "nethermost" parts of the ship as free from bilge and foul air as they were when the vessel sailed. This is perhaps less thought of now than formerly, since iron has superseded wood afloat.

There is no doubt whatever that the deck is fitted up for too many patients; and at least 20 per cent. of the cots should be removed, unless very urgently required. The number of closets is unnecessarily large; for, as will be recollected, there are no less than four for the officers and eighteen for the men. The difficulty of keeping clean closets, "heads," and latrines on board ship can hardly be estimated by any who have not served in a vessel carrying invalids, troops, or emigrants; and, as is known by experiencies gleaned in the *Dreadnought* and other smaller institutions of the same class, stationary floating hospitals are no exception to this remark. We strongly recommend the closing up, under ordinary circumstances, of at least six of these closets (i.e., one of each set), for it is probable that those of the sick who are well enough to use them, and not well enough to go on deck, will be very small, bed-pans in many cases being absolutely necessary. For the sake of all concerned, we may suggest that the hanging screen, which will be rigged up "athwartships" for the purpose of separating the officers from the men, should be lowered as seldom as possible; for though privacy is a privilege much appreciated, especially on board ship, the value of stern ports cannot be exaggerated, and any obstacle to their use, whether as inlets or outlets, will vastly influence the purity of air between decks, whether the wind is ahead or fair, and whether the ship is sailing, steaming, or at anchor. It is, too, to be hoped that the use of the other canvas screens, above described, will be the exception rather than the rule. It appears that enough are provided to curtain off in twos or threes nearly all the patients on this deck. For, as in our report on Emigrant Ships last year, we denounced emphatically the system of berthing healthy people on a deck partitioned off by closed and fixed bulkheads (instead of the plan of trellised or open berthing, as in the Anglo-Indian troopships), so should it be equally important to avoid, as much as possible, the use of these screens, whether in the treatment of medical or surgical cases, and in the sanitary interests of all concerned, to preserve the clean sweep of the deck fore and aft.

The dispensary is very well lighted, and will serve also as an operating room in case of need. We object to the coating of white paint with which this deck is entirely covered, believing that the glare in the tropics will be excessive and annoying, and think that the beams, ceiling, and topsides might be toned down considerably, and so add greatly to the comfort of the patients. But, with the exceptions above mentioned, we have to record that no floating hospital deck in any ship in this country has ever been so well or so comfortably constructed and arranged. There is little to criticise below, but we must enter a protest against the use of nightstools on the convalescent deck, except under urgent circumstances; and the advisability of enforcing this rule needs, we think, no comment.

We believe that the authorities have exercised a wise discretion in omitting in their arrangements a mortuary and post-mortem room. Death in the tropics, and especially aboard ship, is followed so speedily by burial that all necessary arrangements can be readily made by utilising the canvas screen above-mentioned, and so securing a requisite degree of isolation.

In closing this report, we have to offer many acknowledgments to Admiral Sir William Mends, K.C.B., Director of Transports and to Sir Leopold McClintock, K.C.B., Admiral Superintendent of Portsmouth Dockyard, for much courtesy in the prosecution of our investigations. Mr. Malpas, the assistant master shipwright, also afforded us much kindly aid; but we have chiefly to be grateful to Mr. William S. Batt, the principal foreman of the yard in charge of the *Victor Emanuel*, in whose hands we were placed by the kindness of the Admiral Superintendent, who appeared to be a peripatetic encyclopædia of the ship and its belongings, and without whose aid this article could not have been written.

Dr. Marston, the officer on the staff of the Director-General at Whitehall, deserves, in our opinion, the greatest credit for the way in which he has discharged his duties, having been specially entrusted with the responsibility of supervising the medical and hygienic arrangements of the ship.

We sincerely hope that the suggestion contained in the communication of "F.R.S."—who is pre-eminently a judge of the medical and sanitary requirements of a hospital—will receive special attention from all interested in this subject.

It is difficult to know whom to congratulate the most—the officers of the sister services, who have designed and fitted up this hospital-ship, or Captain Parkin, who now commands her. For the vessel has been designed with a very great amount of skill and foresight, and we know from personal observation that she has been fitted out with an equal amount of labour, energy, and attention on the part both of the Whitehall and the dockyard authorities. Although this is almost exclusively a military, as contrasted with a naval war, Captain Parkin started from our shores on Sunday last with, as we hope, the proud consciousness that if his ship is not destined to "kill," no vessel in her Majesty's service ever sailed from port more eminently calculated to "cure."

OPHTHALMIA AND PAUPER SCHOOLS.

WE know of no more important subject than that which has of late been exciting public discussion—the prevalence of ophthalmia in our pauper schools. Be it remembered that the disease is quite distinct from the purely inflammatory form of ophthalmia; that it may exist, in its incipient form, for an indefinite period without the occurrence of any symptoms to betray its presence; that it is an insidious and very communicable disease, one case becoming, where there are facilities for its spread, a *foyer d'infection*, from which others may rapidly arise; and that its eradication, whether in the individual sufferer or the community, is extremely difficult. Moreover, this form of ophthalmia seems to be much more widely diffused in our pauper population than is generally supposed. For a long time a difference of much practical importance existed between the statements of observers in this country and of those abroad as to the true nature of this form of ophthalmia. Although it had been long ago described with great accuracy by the Belgian, German, and Danish surgeons, we can well remember that the specific nature of the conjunctival disease so prevalent two years ago among the children at the Central London District Schools was either denied altogether or, at any rate, the opinion as to the pathological identity of the disease in the children with that which had proved the scourge of our own and continental armies was received with evident scepticism. This ophthalmia receives, then, the stamp of its specificity, in contra-distinction to the ordinary forms of conjunctivitis, from the deposits which characterise its primary stage. These are the well-known "sago-grain granules," resulting from a follicular disease of the conjunctiva. Müller, as early as 1821, and later Gulz, Warlomont, Bendz of Copenhagen, Stromeyer, and others, have fully described this disease. Bendz has related its origin in the Danish army in 1851. The disease when once introduced soon spreads, and so rapidly did it disseminate itself among the civil population, apparently through the medium of discharged soldiers, that these grey or sago-grain granulations became remarkably frequent among the men subsequently examined as recruits. Stromeyer could find no traces of this follicular disease among wild animals, but it was very common in the eyelids of badly-tended domestic animals when these had lived in a vitiated air. But what we now desire to say more especially is this—that the disease has to be carefully looked for in the conjunctiva lining the eyelids of affected individuals, for the sago-grain granules may exist without any inflammatory or other symptoms to indicate their presence. When this condition of the conjunctiva exists, however, a susceptibility to conjunctivitis is engendered, and the super-induced inflammation may assume the catarrhal, phlegmonous, or purulent form, according to circumstances. It is comparatively easy, with a fair degree of care and atten-

tion, to prevent or mitigate these inflammatory phenomena, but the disease is essentially chronic, relapses are the rule and not the exception, and when once this affection has gained an entrance into a large school or barrack, its eradication is a matter of extreme difficulty. Ample cubic and superficial space, very free ventilation, separate towels and wash-hand basins, plenty of exercise in the open air, and a fair proportion of animal food, are most important; but we feel persuaded that the separation of all the affected individuals from the healthy is likewise required, with vigilant watching against the introduction of the disease from without, or its renewal from within, by the return of convalescents to their non-affected associates. If the disease becomes both wide-spread and persistent in any institution, the simplest course is to evacuate the building, giving the inmates the benefit of a change of air, and distributing them in such a way that as few as possible are associated together in the same rooms or wards.

PRESENTATION.

ON Friday, the 28th ult., a most interesting and influential meeting was held at Dover, under the presidency of the Mayor, for the purpose of presenting Dr. Astley with a testimonial. A sum of £900 had been collected by his numerous friends and well-wishers. Dr. Astley, however, refused to receive anything of intrinsic worth, and at his request the sum has been devoted to the Dover College. The testimonial then assumed the form of a magnificent album volume containing the names of the subscribers, numbering some 500, with the following dedication, which was read by the Rev. Canon Puckle:—

"We, who signed the following pages, do hereby record our continual remembrance of Edward Ferrand Astley, M.D., M.R.C.S.E., and M.R.C.P., J.P. for Kent and Borough of Dover, Honorary Physician at Dover Hospital, Founder of the Cottage Hospital for treatment of infectious diseases. That in public meeting at the Council Chamber of Dover assembled, we resolved to present him with some permanent testimonial of our high sense of his professional services for the welfare of this town, especially of the suffering in its population during the last thirty years.

"That having committed to his choice the object to which our memorial contributions should be given, we received charge from him to offer nothing of personal value to himself, but to establish therewith some foundation to the permanent benefit of one or more deserving students in the Dover College.

"That in pursuance of his own generous choice, we have raised and secured under deed of trust settled by himself a capital sum for the maintenance of three exhibitions of ten pounds a year each, which shall be given by the trustees to be held for three years at the College by the most deserving boys of this town, to be called 'The Astley Exhibitions.'

"That we trust these exhibitions may long fulfil their good and enlightened purpose, serving both as a memorial and an incentive in young minds to follow the example of their beneficent founder."

Correspondence.

"Audi alteram partem."

VACCINATION AWARDS.

To the Editor of THE LANCET.

SIR,—Having seen a report on vaccination awards in THE LANCET of November 22nd, I trust you will permit me to advance one or two arguments for liberty of choice in the mode of vaccination as long as the children are vaccinated. The law says, as soon as the child is three months old, or at latest on the next half-yearly vaccination day after it is three months old, it must be vaccinated. If you exclude the first section of this allusion to time, and make the criterion of vaccination that you delay till the next half-yearly term, then the prizes ought to be called, not "vaccination rewards," but prizes for annoying the public in carrying out the law. It must be kinder to meet, if possible, the wishes of the mothers in a matter so compulsory than to coerce to a fixed time. We must by all means keep the proper dates, but all the better if the work is found to be already done. Many mothers find it difficult to come to a fixed appointment, after carrying their children for three or four miles. April and October are not the mildest months of the year. We ought not to make it penal if a vaccinator adopts both clauses as regards time. If in passing he likes to meet a request or expressed wish of the child's friends, and vaccinates, and a week after verifies, he does much to serve the public, and you are punishing him by excluding him from the chance of a little more honour or extra pay, if in so doing you give the distinctions and the cash to the "ready go lucky," who goes half-yearly to his post and make the mothers bring the children or pay the fine. If it is right to vaccinate at three months, then he is the best vaccinator who does it at once, and renders it unnecessary for the child to wait five or six months till April or October.

It is rather specious to calculate about a vaccination district of 1000 averaging 30 children a year. There is hardly such an appointment. Four thousand is not a large district averaging 120 children a year, and of these 60 for the public vaccinator. Each surgeon generally has two or three cases during the month under care, and he will select the healthiest for his virus, and will keep up his supply. Properly excluded from air, fresh lymph will keep perfectly for a month or two. We rarely use it older than a week, and mostly use it before it has had time to dry in passing from village to village, and we often pass years without a standstill. We are the only men who know the family histories of the people, and can say what children are sound.

It is too probable that the wish to make the vaccinations half-yearly is part of the centralisation which is invading the profession. One of the bad aspects of this spirit is, that it wishes to make, among other encroachments, large vaccination appointments for those men who cannot obtain satisfactory medical employment, and who wish us all, in any given neighbourhood, to concede a section of our hard-earned businesses to make a fresh public office for men who will not do the work as well as the resident surgeons of the district.

I am, Sir, yours &c.,

Huntingdon, Nov. 28th, 1873. J. DEANE, M.D. &c.

*** Our correspondent is in almost hopeless discord with the principles upon which public vaccination, as at present carried out, is founded. First, he does not make any distinction between private and public vaccination. Of the former there is no restriction upon his liberty of choice in the mode of vaccination, as long as the children are vaccinated. Of the latter, in which the public are represented by the Government, there is a restriction expressed in the public vaccinator's contract, and the aim of this restriction is that the vaccination shall be to the utmost extent from arm to arm. It is averred by the Central Vaccination Authority that only by such vaccination can that degree of protection against small-pox which is requisite to prevent recurring epidemics be secured, and it is further maintained that in sparsely populated districts, where the number of births is insufficient for the maintenance of continuous vaccination throughout the year, the best course to take is that now provided for in the Vaccination Acts: at certain fixed periods of the year—say six-monthly periods. Our correspondent is most affected by the discomfort to parents and doctors arising from this arrangement. The Central Authority states that it is a matter of experience, testified to by long observation, that in no other way can a proper quality of vaccination be generally obtained. The Central Authority has set forth its principles of work in a series of memoranda which do not appear to be familiar to

many of our correspondents on this subject. Of the importance of arm-to-arm vaccination we apprehend that there will be little, if any, professional division of opinion. Of the mode in which this is sought to be secured by the Government there possibly may be, but it is to be regretted that the issue is not raised upon the principles avowed in the memoranda to which we have referred.—ED. L.

THE INQUEST AT ROSSALL SCHOOL.

To the Editor of THE LANCET.

SIR,—It is never too late to vindicate the honour of a public officer.

Your annotation on the death of a scholar belonging to Rossall was sullied by a scurrilous remark upon the manner in which the inquisition was taken. The remark was not only unjust—it was untrue, and criticism ceases to be valuable when it ceases to be just. There was no such verdict of "Accidental death" returned, nor was there a single point you have yourself made left unnoticed at the inquest. I am, of course, in no way responsible for the imperfect account you have read or received from some rural reporter, of whose presence I was unconscious. The witnesses were the master (in whose house the boy lived), two of the scholars, the surgeon, and the head master. I had it clearly in evidence that at the time the boys started it was a fine bright afternoon, and that during the chase a severe hailstorm came on. The list of "hare and hounds" is made out by one of the older boys, is then submitted to all the masters who have boys in it, and finally revised by the surgeon, who, on this very occasion, struck out the names of two boys. The deceased and his companions only ran for about three miles, resting sometimes at the fences. They had been out for about an hour, and then gave it up. When the two were within a field from the playground on their return, the companion ran on, leaving Calvert to walk in. That was the last seen of him alive. The poor boy was at once missed from the tea-table at six o'clock, and the school sergeant immediately dispatched in search of him. On his return in about half an hour without any tidings of the boy, other messengers were sent out, and then the head master was communicated with, and he and a staff of the older boys went out with lanterns, and the head master was searching the playground when the boy was found there. Mr. Williams, the surgeon of the school, was on the spot directly, but rigor mortis had set in, and the boy was beyond the reach of human aid or skill. Mr. Williams gave me a detailed statement of the case, and was of opinion that the boy had fainted, and before he recovered the faint was rendered fatal by the wet clothes and the exhaustion of the boy. Then the head master gave his evidence, of which he has furnished you with some particulars. Upon this I charged the jury that no blame could fairly attach to the school authorities, who had taken every prudent precaution the case demanded, and left it to them to say if they were satisfied with the medical evidence that the boy died from syncope, rendered fatal by cold and exhaustion; or, in other and untechnical language, had died suddenly from natural causes—if not I should order a post-mortem. The jury were satisfied, and so their verdict stands recorded.

From this brief outline of the evidence, I ask if you were justified in the remark you made? If not, you will print this letter, or an apology for the vilification, widely published, of the coroner who took the

Lancaster, Nov. 26th, 1873. INQUISITION.

*** We publish this letter, notwithstanding the strong language in which it is couched. We commented on the subject entirely on public grounds, and we could have had no possible intention of doing an injustice to the coroner. It now appears that our remarks were based on an imperfect report of the inquest, from which it did not appear that the information contained in the head master's subsequent communication to *The Times* had been elicited; and we were misled as to the terms of the verdict, which was one of "Death from natural causes," and not one of "Accidental death." The coroner, according to the above letter, so far from conducting his inquiry in a perfunctory manner, neglected no means of eliciting everything bearing on the case; and we willingly give the fact all the publicity we can.—ED. L.

AFRICAN FEVER.

To the Editor of THE LANCET.

SIR,—Having been a surgeon in the African Royal Mail Service from 1868 to 1872, and knowing the coast from the Gambia to St. Paul de Loando, I beg to offer a few remarks on fever and its treatment on this coast.

During five years I have had many opportunities of witnessing African, or remittent fever, chiefly amongst the military and naval officers and civilians returning home, as the crew were generally healthy. The treatment I found most efficacious in remittent fever was: To *avoid mercury*, to give a purge of—Podophyllin, half to one grain; compound extract of colocynth, five grains; extract of hyoscyamus, three grains; peppermint water, one minim; in two pills. To apply to the head, the hair being kept shaved, a lotion made with the juice of the native lime, with a little ice-water. This forms a most grateful application for the intense headache. To allay the vomiting, often very distressing, chlorodyne, or champagne iced. The sickness overcome, during the remissions give from three to four grains of quinine, with a little dilute sulphuric acid, and chloric ether; or if quinine cannot be retained, three to five minims of liquor arsenicalis, with infusion of calumba, every three or four hours. Thorough ventilation, quiet, and light diet are very essential. In the debility following severe or repeated attacks of this fever, nothing equals a combination of iron, quinine, and strychnia, constant attention being paid to the liver. The compound phosphorus pill, made by Messrs. Kirby and Co., of Newman-street, would be invaluable, being kept dry, being very portable, and being tasteless.

In intermittent fever, an ipecacuanha emetic, a podophyllin purge, and, during the intermissions, quinine with rest, avoidance of exposure to the sun, and a light diet, generally soon effect a cure.

In acute dysentery I found the following plan the best:—Withhold fluids for a few hours, put a cataplasm of linseed and mustard over the epigastrium, administer an enema of opium, and after a little time give from half a drachm to one drachm of ipecacuanha powder in some thick vehicle, repeating it in some six hours if necessary. The diet to be farinaceous, free from solids and all effervescents.

In the chronic form, quinine, ipecacuanha, and compound ipecacuanha powder are the best remedies; whilst on the Coast thin flannel should be worn next the skin, never sleep on the ground without a waterproof sheet under and a roof of some kind over, and, as far as possible, avoid all excess, especially stimuli. Cold weak tea is an excellent beverage to allay thirst, and moderate smoking is beneficial amongst the lagoons.

Should these remarks prove of any advantage to the juniors of the medical staff going to the Coast, I shall feel very pleased to have contributed my mite towards soothing the fevered head of a countryman.

I am, Sir, your obedient servant,

December 1st, 1873. NOT A SURGEON-PURSER.

THE "VICTOR EMANUEL."

To the Editor of THE LANCET.

SIR,—Having had an opportunity of visiting the fine hospital ship, the *Victor Emanuel*, and having been greatly impressed with the excellence of her medical arrangements, I write to ask you to urge on the Government the importance not only of keeping the plans and specifications of her fittings, but of having a working model made. This country has never, and I suppose no other country has ever, sent out a floating hospital so carefully planned. It is of the greatest consequence that an exact record shall be preserved for future guidance, as it seems probable such vessels will be largely employed in all future wars. I shall look with interest for your promised second report, which will, I hope,

do full justice to the ingenuity as well as simplicity of the plans by which all hospital requirements have been met.

Our Government has been accused of parsimony, but in this instance no charge of that kind can be brought against it. Nothing more could have been done for our troops, and all concerned in the fitting out of the ship deserve the greatest credit for their exertions.

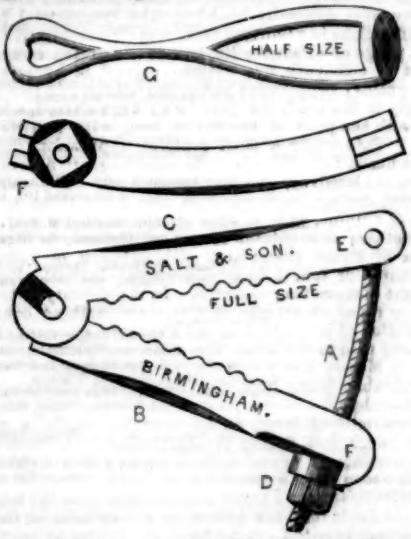
I am, Sir, yours, &c.,

Dec. 2nd, 1873. F. R. S.

OVARIOTOMY CLAMP.

To the Editor of THE LANCET.

SIR,—I send a drawing of a modification of the ordinary ovariotomy clamp, which I venture to bring forward as possessing some advantages.



The two halves are connected by the usual hinge-joint, which allows them to be readily separated for cleaning, and are approximated by a nut (D) acting on a screw (A). The screw has a hinge at E, which allows it to move in and out of the slot (F). A key is used to tighten the nut, but handles are dispensed with.

The clamp has been made for me by Messrs. Salt and Son, of this town.

I am, Sir, yours truly,

Birmingham, Nov. 29th, 1873. WM. THOMAS, F.R.C.S.

A STRANGE STORY.

To the Editor of THE LANCET.

SIR,—Dumb Eli's mother must not have been *at home* with her better-half, otherwise he would not have given utterance to his unnatural resolve, and possibly the mother being a woman of a strong and vindictive turn of mind, in revenge, vowed that in the event of the child being a son, to bring him up so as to instil into his mind a feeling of hatred and dislike towards his father; and, as it is well known that children frequently form great aversion to even their own paternity, I would suggest that the combined influence in the upreraring and training of child by mother and slighted daughters had so possessed its young mind as to bring about the result of "A Strange Story." Fathers are often from home from early morning to late evening, thus giving ample time not only to converse with mother and sisters, but to bring about the wonderful, although by no means mysterious, result.

I am, Sir, your obedient servant,

Nov. 29th, 1873. COMMON SENSE.

DR. FREDERICK W. BOOTH has been placed on the Commission of the Peace for the county of Lancaster.

BIRMINGHAM.

(From our own Correspondent.)

AT the last meeting of the Town Council, the report of the Sanitary Committee was presented. It contained a letter from Dr. Hill, recommending the abandonment of many of the present sources of water-supply, and the use of greatly improved sewers and drains, as the best precautions to be taken against the infection of cholera. Four additional inspectors of nuisances were appointed, and Dr. Hill was re-elected medical officer of health, at a salary of £500, and also analyst at £150 per annum.

The death-rate for the last week was 25·7 per 1000, a high rate, considering that there is no special epidemic now prevalent.

A conference of gentlemen representing the charities of the town and district has been held to consider the subject of hospital reform, and a committee has been appointed to prepare a scheme for the establishment of a central organisation for the systematic inquiry into the circumstances of all applicants for relief, except cases of urgency and accidents.

At the last meeting of the Midland Medical Society, Mr. Wilders showed a specimen of cancer of the penis, and mentioned a convenient device for preventing the passage of urine over the cut surface after amputation. Mr. Thomas showed a primary axillary malignant tumour, after the removal of which the enlargement and induration of the mammary gland had subsided. Mr. Bennett May presented a number of fractures from the same patient, exhibiting bony, ligamentous, and retarded union. Mr. Thomas read an account of a mediastinal abscess following otorrhœa and cellulitis of the neck, and which he believed to be due to pus making its way beneath the deep fascia of the neck to the mediastinum. It was punctured with the aspirator near the ensiform cartilage, and then the opening enlarged, with the result of evacuating upwards of sixty ounces of pus, after which the patient rapidly improved.

Dr. B. W. Richardson, F.R.S., has been giving two lectures on the Pioneers of Modern Science, at the Midland Institute. "Stephen Gray" and "Joseph Priestley" were the subjects selected for illustration, and very vividly were the lives and scientific labours of these two early pioneers of science presented to the audience. At the end of the second lecture Dr. Richardson made a spirited appeal to the people of Birmingham to atone for the evil done by their forefathers in burning Priestley's house and in driving him away from Birmingham, and concluded eloquently thus:—"From the ashes of the burned house of Priestley let there arise a temple of science—make it as he would have made it, resplendent, unrivalled in means for scientific research; give to it his immortal name, and depend upon it that his fame, not less immortal, will descend through your sons—aye, and through your daughters too, conferring in the ages to come new lustre on your noble town and new blessings on mankind." The proposal thus sketched out is likely to be realised shortly, through the liberality of one of Birmingham's most worthy citizens, Sir Josiah Mason, to whom the town is already indebted for a princely orphanage. A site close to the Town Hall has already been purchased, and the new college of science will almost immediately be commenced.

The Guest Hospital, Dudley, is to be congratulated on its success. At the second annual meeting the report showed that sixty beds were now available, and that the number of patients and also of donors and subscribers was increasing. Mr. A. Jones was elected surgeon in place of Mr. E. R. Smith.

At the General Hospital, under the care of Dr. B. Foster, there is a remarkably interesting case of chorea in a young man, aged eighteen, which has been treated so far with great success by the daily application of galvanism to the spine. After the second application the patient improved. Other treatment had previously been unsuccessful. Dr. Foster has also under his care a typical case of the third stage of pseudo-hypertrophic paralysis. The boy, now thirteen years of age, is quite unable to stand or move, and remains in any posture in which he is placed. The muscles of the calf, buttock, and thigh were four years ago greatly enlarged, but have now melted down to less than their normal size. The upper extremities are greatly wasted, so

that the boy can hardly feed himself. The electric contractility of wasted muscles is retained.

The operation of celotomy has been more than usually unsuccessful in the Birmingham hospitals during the last month, two cases at the General and two at Queen's Hospital having proved fatal. At the former institution the operation was undertaken, in one case, for syphilitic disease, and in the other for cancer of the rectum, and death was the result, in both instances, of exhaustion rather than of peritonitis; at the latter hospital the celotomy was performed as a *dernier ressort* in two cases of volvulus. Mr. Bartleet, on the 25th inst., ligatured successfully the superficial femoral artery for a large popliteal aneurism in a man aged fifty-three, on whom both flexion and compression had been thoroughly tried and failed. On the 22nd inst, at the Queen's Hospital, Mr. West resected the knee-joint of a young man aged twenty, for chronic disorganisation of the joint, the result of ostitis and necrosis of the femur and patella. The case is doing well, although, owing to the amount of osseous mischief, a very large quantity of bone had to be removed. The horseshoe incision was used, the patella taken away, and a posterior splint applied and the limb immobilised before the patient left the operating table.

Mr. Gamgee removed, this morning, four inches of necrosed bone from the middle of the femur of a lad aged nineteen, using Esmarch's method of preventing hæmorrhage. Great facility was given for examining the bone, and not a teaspoonful of blood was lost.

Birmingham, Nov. 29th, 1873.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—In the list of Members published last week, "Wilson, John Wilcocks, L.S.A., Heigham-hill, Norfolk," should have been stated thus—"*Watson*, John Wilcocks, L.S.A., Heigham *Hall*, Norfolk."

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 20th:—

Redmond, John, York-town, Surrey.
Travers, Otho Robert, Cheam, Surrey.
Turnell, Arthur Pythias, Brixworth, Northamptonshire.
White, James Benjamin Kelly, Whitechapel.
Whitten, William John, Commercial-road.

The following gentlemen also on the same day passed their Primary Professional Examination:—

Thomas Carey Barlow, Walter Culver James, and William Ernest Snook, Guy's Hospital; George Henry Hames, St. Bartholomew's Hospital; George Henry Makins and Augustus Josh. W. Pettigrew, St. Thomas's Hospital; Herbert Elliott Paxon, London Hospital.

THE newly-elected President of the Royal Society (Dr. J. D. Hooker, C.B.) took the chair at the anniversary dinner of the Society, held on Monday evening at Willis's Rooms.

VACCINATION AWARD.—Mr. R. Wyllie, L.R.C.P.E., has received a gratuity from the Local Government Board for the efficient state of vaccination in the Sealby district of the Scarborough union.

M. PAGLIARI has recommended, as a substitute for coal, a mixture consisting of resin, petroleum, coal-dust, charcoal, sawdust, and sulphate of lime. It is said that the calorific power is double that of coal.

MR. FREDERICK THOMAS SYLVESTER has been elected to succeed his father, George Sylvester, M.R.C.S. Eng., as coroner for the middle division of Wiltshire, upon his resigning, after having held the office for thirty-two years.

ROYAL MEDICAL SOCIETY, EDINBURGH.—At a meeting of the Society, on the 28th ultimo, the following gentlemen were elected presidents:—G. T. Beatson, B.A., Alexander James, M.B., C.M., J. Stevenson Forrester, L.R.C.P. & S.E., C. Watson M'Gillivary, M.B., C.M., L.R.C.P. & S.E.

UNIVERSITY OF DUBLIN.—After an interval of two years, the examinations for diplomas in State Medicine are about to be held. In addition to the University professors, Dr. Mapother, of the College of Surgeons, has been appointed Examiner in Hygiene and in Pathology for the medical degrees.

Medical Appointments.

BRITTAN, F., M.D., has been appointed a Consulting Physician to the Royal Infirmary, Bristol, on resigning as Physician.

CAYLEY, W., M.D., F.R.C.P.L., has been appointed Dean of the Middlesex Hospital Medical College, vice Murray, deceased.

CLANCY, W. W., L.R.Q.C.P.I., L.F.P. & S.Glas., has been appointed Apothecary for the Newmarket Dispensary, Kanturk Union.

COWAN, Dr. J. A., has been appointed House-Surgeon to the Cumberland Infirmary, Carlisle, vice Brown, resigned.

DODSWORTH, G. H., M.R.C.S.E., has been appointed Assistant Medical Officer at the Bucks County Lunatic Asylum, Stoke, near Aylesbury.

DONOGHAR, Dr. J. G. D., has been appointed Medical Officer to the Royal Bourne Lodge of Oddfellows, Bournemouth, vice Hamilton, resigned.

EVANS, G. H., F.R.C.S.E., M.B., has been appointed Acting Surgeon to the Children's Hospital, Birmingham, vice Sharman, appointed Consulting Surgeon.

FRASER, F. S., M.B., C.M., has been appointed House-Surgeon and Apothecary to the Northern Infirmary, Inverness, vice Butler, resigned.

HANHAM, F. W., L.R.C.P.Ed., L.F.P. & S.Glas., has been appointed Medical Officer to the Lyncombe and Widcombe Lying-in Charity, Bath, vice Tucker, deceased.

HARPER, J., L.R.C.P.I., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Barnstaple Union.

HILL, A., M.D., has been reappointed Medical Officer of Health for Birmingham: £500 per annum; and Public Analyst, £150 per annum.

HOBLEY, S. H., L.R.C.P.I., L.R.C.P.Ed., M.R.C.S.E., has been appointed a Medical Officer to the Southampton Dispensary and Humane Society.

KNOTT, Mr. S. J., has been appointed Medical Tutor and Curator to St. Mary's Hospital Medical School, and Superintendent of Galvanism to the Hospital.

LETHEBY, H., M.B., Ph.D., has been appointed joint Public Analyst for Windsor: 21s. per analysis for first 100, 10s. 6d. for second 100, and 6s. per analysis beyond.

MACLOGHLIN, J., M.R.C.S.E., has been appointed Resident Medical Officer of the Royal Albert Edward Infirmary and Dispensary for Wigan and the District.

MAY, T., M.R.C.S.E., has been appointed Divisional Surgeon to the R Division of Police, Bexley and Erith Stations, vice John Grantham, F.R.C.S.E., deceased.

MUNNELL, Dr. C. F. F., has been appointed House-Surgeon to the Great Yarmouth Hospital, vice Vores, resigned.

NEWTON, J., M.R.C.S.E., has been appointed Medical Officer for the South Municipal District of the West Derby Union, vice Warburton, resigned.

PEARSE, J., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the new North Cambridgeshire Cottage Hospital, Wisbech.

ROBERTSON, W., M.D., has been appointed Medical Officer and Public Vaccinator for the Whittingham District of the Rothbury Union, Northumberland, vice Pringle, resigned.

THOMAS, J. L., M.D., F.R.C.S.Ed., has been appointed a Medical Officer to the Southampton Dispensary and Humane Society.

THOMPSON, J., M.D., F.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Bideford District of the Bideford Union, vice Cox, resigned.

TIDY, C. M., M.B., has been appointed joint Public Analyst for Windsor: 21s. per analysis for first 100, 10s. 6d. per analysis for second 100, and 6s. per analysis beyond.

VINES, E. P., L.S.A.L., has been appointed Resident Clinical Assistant to the Hertford British Hospital, Paris.

WELSH, W. K. B., M.R.C.S.E., L.R.C.P.Ed., has been appointed Resident House-Surgeon to the Brixton, Streatham, and Herne-hill Dispensary, vice Jones, resigned.

Births, Marriages, and Deaths.

BIRTHS.

DAVIES.—On the 28th ult., at Llandrindod Wells, Radnorshire, the wife of W. Bowen Davies, L.R.C.P.L., of a son.

HINGSTON.—On the 25th ult., at Clifton, York, the wife of J. Tregelles Hingston, M.R.C.S.E., Medical Superintendent, North Riding Lunatic Asylum, of a daughter.

OGSTON.—On the 29th ult., at Union-street, Aberdeen, the wife of Alex. Ogston, M.D., of a son.

TAYLOR.—On the 29th ult., at York place, Edinburgh, the wife of Wm Taylor, M.D., of a daughter.

WATSON.—On the 26th ult., at Little Huthwaite, Wortley, near Sheffield the wife of Alfred M. Watson, M.D., of a daughter.

MARRIAGES.

MILLERCHIP—BROWNLIE.—On the 26th ult., at St. Cathern's Church, Crook, Durham, Thomas Millerchip, L.R.C.P.Ed., L.F.P. & S. Glas., to Sommerville Buchanan, only daughter of the late Richard Brownlie, Esq., of Hamilton, Lanarkshire, N.B.

SKENE—ROBINS.—On the 27th ult., at St. John's, Buckhurst-hill, William Skene, M.D., F.F.P. & S. Glas., to Eleanor, third daughter of C. T. Robins, Esq., of King's-place House, Buckhurst-hill, Essex.

DEATHS.

CRAIG.—On the 23rd ult., Robt. Craig, L.F.P. & S. Glas., of Cramlington, Northumberland, aged 66.

CROSS.—On the 25th of Oct., Wm. Cross, M.R.C.S.E., Medical Officer at the Sand Heads, Calcutta.

GLOVER.—On the 29th ult., J. T. Glover, M.D., Surgeon-Major Bengal Service, retired, of Upper Bathwinnes, Co. Dublin, aged 55.

HAYLAND.—On the 22nd ult., Wm. Hayland, Surgeon, of Dampton, Retford, aged 79.

PEARSE.—On the 18th ult., E. Pearse, M.R.C.S.E., of Tavistock-square, aged 87.

PINCHARD.—On the 24th ult., B. C. Pinchard, M.D., of Cottenham, aged 72.

WOOD.—On the 27th ult., at Clarence-street, Edinburgh, John G. Wood, M.D., Deputy Inspector-General, on half-pay.

Notes, Short Comments, and Answers to Correspondents.

THE COMPLAINT AGAINST HOSPITAL AUTHORITIES.

THE following are briefly the facts of the case concerning which the lay journals have been led to take up arms against the Westminster Hospital. An old man threw himself into the river on Friday night for the purpose of destroying himself. He was, however, rescued, and taken to the hospital, where he was relieved of his wet clothes, which were hung in the furnace-room all night in order to dry. In the morning, the condition of the patient not been such as to necessitate a longer sojourn in the hospital, a policeman insisted on his removal to the police station, notwithstanding the remonstrance of the house-surgeon and the nurse that the clothes were too wet to be worn. The officer, however, replied that the clothes "were dry enough for him," adding that he would give the man a warming on his way to the Court. It may be true that the house-surgeon should not have allowed himself to be overawed even by a policeman, and should have retained his patient a few hours longer; but even the neglect of this hardly constitutes inhumanity; at most, it is oversight. Finally, we may remark that we also should be pleased to find more humanity in the police court than in the hospital, but not in the sense implied by the magistrate of Lambeth Police Court. We should be pleased to find more at the police courts, and not less at the hospitals.

Lens.—The matter is, we believe, under consideration.

THE MANUFACTURE OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Under the above heading I desire to call the attention of the profession to the easy method of the dissemination of cholera which the guardians of the South Dublin Union propose in case of an invasion of that pest. The opinion that cholera is eminently contagious is held here (Dublin), and with an officious prominency sanitary measures are spoken of, and even a Sanitary Committee other than that of the Public Health (official) has been in action for some time. The South Dublin Union have had a hospital ship built at considerable expense, and moored in the bay, for the reception of any cholera cases which may visit the port; *but they have appointed as medical attendants upon that hospital ship four gentlemen who hold public and onerous posts.* Now, I am one of those obstinate creatures who hold hard and fast that *isolation* in cholera or small-pox cases is not sufficient—in fact, is worthless without insulation. To be brief, I make these objections to such appointments.

1st. That cholera is contagious, and as such of ready transmission.

2nd. That these four gentlemen hold public appointments in a hospital, workhouse, prison, and lecture theatre—four of the great nuclei for the spread of any contagious disease.

3rd. That, holding such appointments, they could merely act as visiting surgeons &c. to the plague ship; and in respect to attention &c. of the patients in such cases, that proceeding would be the next thing to utter neglect.

4th. That the appointment of two surgeons or physicians, or one of each, as resident medical attendants, would be more in the spirit of the precaution necessary, and better calculated for the safety of those outside and those unfortunately within, and for the interests of science in the investigation of the disease.

5th and last. Isolation is worthless in contagious epidemics, unless we insure an insulation by restricted communication and disinfection.

In conclusion, I may point out a serious oversight which many Sanitary Committees have made in many cities, and that is, that whilst they furnished a place of isolation for the stricken, they seemed totally oblivious of the necessity of procuring a home for the convalescents; for contagious diseases are most active during the stage of convalescence, often prolonged by secondary fever. The present uneasiness about the approach of cholera should insure the careful investigation of the question by all, especially by those eminent to instruct.

I respectfully ask your kind attention, and am faithfully yours,

Dublin, December, 1873. JAMES DUNNE, M.R.C.S.

Dubius.—It seems a very irregular proceeding to have a patient's lunacy certificate filled up at the asylum to which he is sent. Our correspondent should decline being a party to any such arrangement.

J. L. is not qualified.

Mr. Arthur Graham had better expostulate with the editor of the paper in question.

ARMY MEDICAL OFFICERS' FORAGE, ETC.

To the Editor of THE LANCET.

SIR,—In your reference to the new Army Medical Warrant you make no mention of the harsh treatment to which medical officers are subjected who entered the service on the understanding that they would receive forage when promoted from the rank of assistant-surgeon. This deprivation might be justified if compensating advantages were secured to them. But is this the case? Take my own, and it is the counterpart of several others. I entered the service about ten years ago. At that time the average period for promotion to the rank of surgeon was between ten and eleven years. Now it is fifteen years, and there is no guarantee that promotion will take place even then. True, during the period there has been an addition made to our pay of one shilling and sixpence a day after five years' service; but this is more than counterbalanced by the enormously increased cost of living. We have also changed our names. We are now styled "surgeons"; but our duties are the same as before, and we have to a great extent lost all regimental connexions, and the quasi-club life to which some of us at least were very much attached. We are nobody's children now, and the surgeons particularly (for the surgeon-majors are generally attached to regiments, depôt centres, and recruiting districts for fixed periods) are more liable to be moved from one station to another than any other officers in the army. A delightful prospect for a married man, and for

December, 1873. A MEDICAL OFFICER OF THE YEARS' SERVICE.

LE LIVRE DES MACHABÉES.

THE origin of the word *machabée*, as applied to the human flotsam or jetsam of the River Seine, is, as our Paris correspondent says, doubtful. A writer in the *Scotsman* states that in Parisian slang the term *machabée* is applied to any being, whether man or beast, deprived of life that is found floating in a stream or wrecked on the banks of a river. In the same slang the word *machabée* is also applied to Jews. "Is there some connexion," asks the writer in the *Scotsman*, "between the name given to drowned people and the persecution to which the Jews were subjected in the middle ages, and which often ended in the Israelites being thrown into the rivers by the righteous zealots?" This explanation seems too far-fetched to redeem the word *machabée* from the limbo of obscure slang.

C. A. M.—The paper shall be published shortly.

A SECOND-FIRST CLIMACTERIC.

To the Editor of THE LANCET.

SIR,—I do not think the explanation of the above given by the Rev. Mr. Hunt helps us in any way to the solution of the inscription. But his reference to a work printed in 1630 ("Brown's Vulgar Errors"), showing that the "great climacterical year" was considered to be "63," would seem to support the fact that the critical years were formed by multiplying the numbers 3, 5, 7, 9 by 7, so that the first climacteric would be the age 21, and the "grand climacteric" 63. I do not think we shall derive much aid from Biblical criticism; for I find the late Dean Alford says in his revised New Testament, in a note on this very word—the only instance in which it is used—that "nobody knows what it means." I think we ought to take a common-sense view of the case, and consider the word *δευτεροπρωτῳ* as equivalent to "next and *supreme*." To call it "second-first" appears to me unintelligible and contradictory; for *δευτερος* means "next, afterwards," as well as "second." But the question is not so much what the hypercritical meaning of the word is, but what this writer meant? If the "anni climacterici" were considered to be the years 7, 14, 21, &c., there is no doubt in my mind that 8 was the age implied; or if these years were found by the multiplication before mentioned, 22 will have been the age intended. I cannot for a moment suppose that the term "filius" would be used any more than it is now as applied to any such ages as 63 or 126, or at all events I think it very improbable; so that I see no reason to depart from my first suggestion, that 8 or 22 was the age of the deceased person.

Yours obediently,

December 1st, 1873. PHILOS.

GRATUITOUS DISTRIBUTION OF MEDICAL BOOKS.

A CORRESPONDENT is offended by having received two copies of a pamphlet on the virtues of a certain article of medicinal diet. Let him be thankful that he has not received three. If books will not sell, what can the authors do with them but give them away?

Mr. Fredk. Robertson.—There is a want of information. We are disposed to disbelieve in the spontaneous origin of the outbreak.

HABITUAL CONSTIPATION.

To the Editor of THE LANCET.

SIR,—In answer to "Colon's" inquiry, I was myself subject to habitual constipation for several years. At the time I was thus suffering, I had never used tobacco in any shape or form. I was recommended to take a pipe of tobacco each morning, fasting, and to go regularly to the watercloset after breakfast, whether I required or not. I tried it, and found that after two or three weeks I went regularly every morning. It is now eight years since I was thus troubled, and I have never required an aperient in any form whatever. I may say that I still smoke, but seldom before having dinner.

Yours obediently,

Skelmanthorpe, Dec. 1st, 1873. ONE WHO HAS SUFFERED.

To the Editor of THE LANCET.

SIR,—I beg leave to mention for the benefit of your correspondent that I found effectual relief from habitual constipation by taking for lunch a large plateful of oatmeal porridge. The meal should be large in grain, and well boiled for, say, half an hour. Milk should not be taken with the porridge, but cream may be, or butter, or treacle, or beer. When I could not get this lunch, I took to oatmeal cakes, which I find to answer the purpose, though scarcely so well. Large-grained meal can always be obtained from Scotland.

Your obedient servant,

Edinburgh, Nov. 30th, 1873. M.

To the Editor of THE LANCET.

SIR,—Seeing as yet "Colon" has failed, after repeated trials of "Rectum," Dr. Cory, and others, to relieve his patient's constipation, I beg to recommend a most simple plan—one I have tried within the last two years on two patients of mine for "obstinate constipation," and been successful; and if so in "obstinate," why should it not be so in "habitual," unless "Colon" can give us the exact reason for it. Let his patient try a tumblerful of *cold* water the last thing at night before getting into bed, and again on first getting out of bed. This seems so simple that it may be ridiculed. Still "let those laugh who win." It will be better than electricity, and more natural.

Yours faithfully,

December, 1873. CHALLENGER.

N.B.—I need not say it will require a month or so regularly attending to.

Mr. Groves, (Faircroft, Cobham.)—Thanks; but our correspondent's communication arrived too late for notice this week.

Horace.—A guinea would not be too much if the patient can pay. If not, half a guinea.

A SUGGESTION.

To the Editor of THE LANCET.

SIR,—Should a "standard solution of morphia for subcutaneous injection" be introduced into an Appendix to the British Pharmacopœia, may I suggest a "standard syringe" also? Some of the instruments eject a minim at half a turn of the piston; others at a whole turn.

I am, Sir, yours faithfully,

November 29th, 1873. CURIS.

THE OFFICE OF CORONER.

AT an inquest lately held at Llanrwst by Dr. Evan Pierce, whose services in connexion with the Abergele accident will be fresh in the memory of our readers, some observations were made by that gentleman on the office of coroner, which seem to us worthy of repetition. The inquest was upon a case of supposed poisoning, but which on investigation proved to be a case of death from perforation of the bowel from natural causes. After hearing the evidence, the coroner, in summing-up, made (among others) the following remarks:—

"He entertained no hesitation in stating that it was quite out of place for a mere lawyer to undertake the office of coroner. The legal qualifications of the office were easily acquired, and any intelligent person could master the law of evidence in a couple of hours. In support of this opinion, he might instance Supt. Hammonds and other officers of the force, whose experience soon enabled them to acquaint themselves with the procedures of coroner's and law courts. Men of ordinary intelligence could understand the simple law of evidence; but coroner's law was separate from common law. It would have to be acquired by a lawyer as well as by any other man undertaking the office, so that men having legal training were but little better qualified than men of other professions. On the other hand, he would maintain that every coroner should possess a thorough knowledge of the medical profession in its various branches. While the law of evidence could be mastered in a few hours, and coroner's law in a few weeks, it would require years of patient study to acquire a fair knowledge of medical jurisprudence."

Julius Cæsar.—Our correspondent, not being the distinguished individual whose name he appropriates, will do wisely not to perform the operation in question without the consent of the friends.

F.R.C.S.—It is very generally believed that the disease is relatively infrequent there as compared with other places on the coast.

IMPASSABLE STRICTURE.

To the Editor of THE LANCET.

SIR,—In the paper by Mr. Teevan on the above subject, in your impression of the 2nd August, occurs the following direction: "Pass a full-sized bougie down to the stricture, and keep it there for a quarter of an hour, pressing it all the time against the stricture." As I have for some years been in the habit of using this procedure, I will mention two cases in which this continuous practice daily was successful.

In 1861 a case of impassable stricture was handed over to me. The patient had been in hospital some time, and, in consequence of numerous false passages, I presume, no bougie could be passed. He was sitting at the edge of his bed, micturating drop by drop, a process lasting for some hours. Failing to introduce any instrument, I passed as large a bougie as the meatus would admit of down to the seat of stricture, keeping it there for ten minutes with pressure. I did this daily for ten days, when the instrument passed into the bladder. Before this result was obtained the guttatim process had ceased, and the patient emptied his bladder by a fine stream till the ulceration process was accomplished. This man had only one stricture.

In the second case, very similar, the man had two strictures. The first was overcome in about ten days, and the second a day or two later.

In ordinary cases of organic stricture I pursue the same practice. Very recently I had two such cases—one combined with spasmodic stricture; the second had three strictures, one at the meatus, one at the bulb, and one at the membranous portion of the urethra. Both have turned out satisfactorily.

The above plan of treating stricture recommends itself to those who have none of those finer instruments mentioned by Mr. Teevan at their disposal, yet who are obliged to make a patient serviceable, and, if possible, without cutting processes. It may be considered a clumsy process; but it involves no risk, and the commonest instruments suffice. I always use metal bougies.

Yours truly,
CHARLES MOORE JESSOP,
Rawul Pindee, October, 1873. Surgeon-Major, 4th Hussars.

UNQUALIFIED PRACTITIONERS AND CORONERS.

CORONERS have no right or power to regard and pay persons having no qualification as if they were registered practitioners.

An Army Officer should apply to the Horse Guards, at the War Office, where he will obtain the information he seeks.

PERSISTENT SNEEZING.

To the Editor of THE LANCET.

SIR,—Could any of your correspondents give me any hints as to the treatment of persistent sneezing in an otherwise healthy adult? It has been of some twelve months' standing. No perceptible cause can be detected, and the internal applications of solution of nitrate of silver, inhalation of spirits of camphor, tincture of iodine, as well as the administration of oil of amber, tincture of sesquichloride of iron, quinine, &c. &c., have proved perfectly useless, and it is a source of great distress to my patient.

Yours, &c.,
Exeter, December 1st, 1873. PRACTITIONER.

"VICTOR EMANUEL."

A CORRESPONDENT, addressing us as to the hospital ship *Victor Emanuel*, recommends for the upper deck a covering of *palm-leaves* or *matting* in lieu of the double canvas awning that has been provided. We cannot adopt or endorse the suggestions, but we are glad to give them insertion.

Mr. Cutcliffe is thanked for his courtesy. He will see that the matter was attended to in our last number.

TRAITÉ PRATIQUE D'ANATOMIE MEDICO-CHIRURGICALE.

To the Editor of THE LANCET.

SIR,—In reply to your correspondent, "Paris," we beg to inform him that there is no English translation of le Professeur Richet's work upon the above subject.

Your obedient servants,
BAILLIÈRE, TINDALL, AND COX,
London, Dec. 29th, 1873. Publishers.

Enquirer.—1. The Board of Guardians, as rural sanitary authority, undoubtedly *has* power to interfere with any supply of water *for drinking purposes* derived from private wells or ponds.—2. The medical officer has power to enter, inspect, and order the owner or occupier to remedy defects under the Sanitary Act, 1866.—3. The duties of analyst are usually specified by the special agreement with the authority under whom he holds his appointment; but all charges on account of analysis made for public benefit must of course be defrayed by the sanitary authority of the district.

NOT DEAD.

WRITERS of obituaries should make sure that the subjects of their notices are dead. The following correction lately appeared in a Kentucky paper:

"SIR,—I notice a few errors in the obituary of myself which appeared in your paper of Wednesday last. I was born in Greenup co., not Caldwell, and my retirement from business in 1860 was not owing to ill-health, but to a little trouble I had in connexion with a horse. *The cause of my death was not small-pox.* Please make correction, for which I enclose 50 cents."

F. R. S.—The Anatomical treatise of Theophilus Protospatharius was edited in the original Greek by Dr. W. A. Greenhill, of Brighton.

Mr. R. Ryall, (Limerick.)—We cannot comprehend our correspondent's letter.

A CIRCULAR.

To the Editor of THE LANCET.

SIR,—When circulars of this kind are freely distributed as *wrappers for parcels* by at least one tradesman in the neighbourhood of Queen Anne-street, the position of the medical profession must indeed appear to the public to be going backwards. What would be thought of a lawyer or solicitor who resorted to a similar method to gain clients? And why should it be tolerated in a profession which ought at least to be held equal to any other?

Yours truly,
November, 1873. X. Y.

"29, Queen Anne-street, Cavendish-square.

I propose to introduce the system of medical attendance, suggested by Dr. Ogle, amongst my London patients, entirely agreeing with him, as I do, in thinking that the interest of the patient should coincide with that of the doctor.

The *ordinary* service, secured by an annual fee, would include the following advantages:—

(a) Everything, that can possibly be done, in the way of prevention of disease.
(b) Regular attendance, through all illnesses, in the family.
(c) Free consultations, whenever deemed necessary, with the leading members of the profession, on appointed days.

For *extraordinary* or additional services a supplementary charge would be made.

Ordinary annual fee, £10 10s.

Extraordinary fees: Night visit and Sunday visit, specially requested, 10s. 6d. Day Visit: "Immediate" summons, or to attend at particular time specified, 7s.

M. H. LACKERSTEEN, M.D., M.R.C.P., F.L.S., F.C.S., F.Z.S., F.R.G.S., &c."

*** Dr. Lackersteen's circular is not so objectionable in itself as in the mode of its distribution in the neighbourhood of his residence. An annual arrangement for medical attendance is not unknown either to public bodies or private individuals; but whether the plan is ever likely to take deep root in London we venture to doubt.—ED. L.

J. W. N., No. 20.—We should recommend that no steps be taken. Let us fight against quacks, not general practitioners, who are the victims of the absurd state of the examining system of the country.

THE CLIMATE OF EGYPT.

To the Editor of THE LANCET.

SIR,—Can any of your readers kindly inform me from practical experience as to the suitability of the climate of Egypt to a patient of mine (a little over forty), who is afflicted with chronic bronchitis and emphysema? What is the mean temperature during the next three months? Is the air invariably dry, and in what place or portion of the country is the mean most equably preserved? Other things being equal, a bracing air would be preferred to a relaxing one. Are there English physicians of ability practising there?

Yours truly,
December, 1873. ENQUIRER.

Freshman, (Guy's.)—Dr. G. H. B. Macleod's admirable address, delivered at the opening of the medical classes in the University of Glasgow in October last, is published separately by Maclehose, publisher to the University.

Enquirer.—Count de Reichmont's address could be ascertained, we think, on application to the Secretary of the Carlist Committee, or at the office of the *Westminster Gazette.*

Dr. Mackern.—The assistant violates the Medical Act, and commits something very like forgery. The facts should be stated to both the General Medical Council and the Local Government Board.

A Country Practitioner.—We regret that we cannot comply with our correspondent's request, as it is contrary to our custom to do so.

SUBCUTANEOUS INJECTION OF MORPHIA.

To the Editor of THE LANCET.

SIR,—With regard to Mr. Charles T. Vachell's letter in your last number, as to a standard solution of morphia for subcutaneous injection, I have for years used no other solution for this purpose than that of the British Pharmacopœia. I have frequently injected one drachm and a half, apparently without giving much pain, and *never* at any time with the slightest inflammation or bad result, and I feel quite sure that this is one of the solutions of the British Pharmacopœia which may be used subcutaneously with great advantage, and render another official preparation unnecessary.

Yours obediently,
The Cedars, Slough, December, 1873. W. U. DUNN.

M.D.'s "gentleman friend" is probably well able to pay for advice and treatment. We believe at some hospitals really necessitous gentlefolk are admitted to private wards on payment; but we cannot say which. We recommend our correspondent to advise his friend to consult any hospital surgeon he pleases; and, if the case requires it, no doubt the necessary accommodation will be afforded him.

A. J. S.—It is a recognised practice, and not an unreasonable one, for a general practitioner to charge an extra fee for a consultation.

DR. CHAPMAN AND THE METROPOLITAN FREE HOSPITAL.

To the Editor of THE LANCET.

SIR,—Will you favour me by permitting me to state in your very influential columns that I was not one of those gentlemen who signed the resolution recommending Dr. Chapman to resign on account of his now well-known article in the *Pall Mall Gazette*. The members of the staff who are solely responsible are the following:—Mr. Edward Chance, Mr. Sheffield, Mr. Goodsall, and Dr. M'Nalty; and it is to these that I must refer you for a reply to the charges made against the staff.

I remain, Sir, yours faithfully,
CHARLES R. DRYSDALE, M.D., &c.,
Senior Physician to the Metropolitan Free Hospital.

London, Dec. 2nd, 1873.

Mr. William Batho has, we believe, no remedy. We recommend our correspondent to consult Dr. Wharton Hood's reprint of his papers on "Bone-setting, so called," which appeared in THE LANCET two years ago.

A Constant Reader of THE LANCET.—The works of Prof. Parkes and Dr. Hassall.

Dr. Wright will oblige by writing more legibly, and not crossing his writing. Public vaccinations must be performed at a vaccination station.

TURPENTINE AS AN ANTIDOTE IN CASE OF POISONING BY PHOSPHORUS.

To the Editor of THE LANCET.

SIR,—On looking over several works on Materia Medica, I have failed to discover an antidote against poisoning by phosphorus. In his work, Dr. Macnamara says: "In case of poisoning with phosphorus we are unfortunately unacquainted with any efficient antidote." Even Squire's ninth edition is silent on this point. It is therefore that I have taken the liberty to solicit a space in the valuable columns of THE LANCET, and by so doing you will greatly oblige, Your obedient servant,

British Guiana, Demerara, Nov. 8th, 1873. F. W. G. DUMONT.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Gamgee, Birmingham; Mr. Martin, Weston-super-Mare; Mr. Whitehead, London; Mr. Foster, London; Mr. Appleyard, Litchfield; Mr. Davies, Llandrindod; Mr. Hampton, Newington; Mr. Powell, Yarmouth; Mr. J. Macloughlin, Wigan; Mr. Seaton, Rotherham; Mr. Morgan, London; Mr. Dawkins, Abergavenny; Mr. F. Blackman, London; Mr. A. R. Graham, Weybridge; Mr. Cannon, Whittlesea; Mr. Banfield, Canterbury; Dr. Waters, Liverpool; Dr. Denham, South Shields; Dr. Wynter, London; Dr. Drysdale, London; Mr. Harris, London; Mr. Fernie, Brighton; Mr. Ranch, Leek; Mr. Bayldon, Hailsham; Mr. Holdsworth, York; Mr. Peacock, London; Mr. Atkins, Holyhead; Mr. Thomas, Liverpool; Mr. Davidson, Dublin; Dr. Cheadle, London; Mr. Finch, Hull; Mr. Dunne, Dublin; Mr. Procter, Shifnal; Dr. C. B. Taylor, Nottingham; Mr. Vines, Reading; Dr. Saville, Shrewsbury; Mr. Birch, Ross; Dr. Webster, Golcar; Mr. Brown, London; Mr. Bond, Sheffield; Mr. Wood, Gateshead-on-Tyne; Mr. J. M'Lachlan, Carlisle; Mr. May, Croydon; Mr. Forrester, Edinburgh; Mr. Hindhaugh, East Grinstead; Mr. Bainbridge, Droitwich; Mr. W. Betts, Amesbury; Mr. Cousins, Southsea; Mr. J. D. Maule, London; Mr. L. Twining, Bath; Dr. Deane, St. Ives; Mr. Chevrin, Boston; Mr. Holman, Peterborough; Mr. Broom, Aberdeen; Mr. Young, London; Mr. W. Goodwin, Ipswich; Mr. Keppell, Truro; Mr. Stoneman, Waltham; Mr. J. Paul, Westerham; Dr. Henderson, London; Mr. Rose, Hungerford; Mr. Steward, Poole; Mr. Corfield; Mr. Barnett, Mitcham; Mr. Wyllie, Claughton; Mr. Hunt, Oakham; Mr. Thomas, Southampton; Mr. Levison, Dudley; Mr. Poole, London; Dr. Mackern, Long Eaton; Mr. Ellis, Horsham; Mr. Evans, Birmingham; Mr. Buée, Slough; Mr. Walpole, Oxford; Mr. J. W. Watson, Heigham Hall; Mr. Benfield, Leicester; Mr. Winter, Salford; Mr. Hurley, Richmond; Mr. Easthope, Chichester; Mr. Brook, Hornsea; Mr. Heaton, Burnley; Mr. Albert, Dublin; Mr. Chapman, Erith; Mr. Caslon, Stirling; Mr. Harrison, Holywell; Mr. Brunton, Fordingbridge; Mr. E. Thomas, Swansea; Mr. M'Nab, Inverness; Mr. Whitford, Guildford; Mr. Thorn, Leeds; Mr. Collis, Seetapore; Mr. Rayner, Woodford; Mr. F. Robertson, Aberdeen; Dr. Wright, Katamandoo; Mr. J. F. Spence; Mr. Thornhall, Sleaford; Mr. Curtis; Mr. Hindley, Stoke; Mr. W. G. Balfe, Hampstead; Mr. Kendrick, Woodford; Mr. Lewis, Norwich; Mr. Cullingworth, Manchester; Mr. Dewdney, London; Mr. Reckett, Burnley; Mr. M'Allister, Ancenis; Mr. J. N. Cutcliffe, Devonport; Mr. H. Brown, Northallerton; Mr. Proctor Jones, London; Dr. Rumbold, St. Louis; Philos; Enquirens; The Secretary of the Epidemiological Society; Practitioner; Challenger; Common Sense; Lens; R.N.; O Tempora, O Mores; Julius Cæsar; M.D.; One who has Suffered; C. A. M.; Beta, M.R.C.S.; Constant Reader; X.; Dubius; A Medical Officer of Ten Years' Service; A. J. P.; Khyber Pass; A. J. P.; Vatican; L.S.A.; General Practitioner; Not a Surgeon-Purser; Cutis; &c. &c.

Blackburn Standard, Portsmouth Times, Pembrokeshire Advertiser, Popular Science Monthly (New York), *Madras Times, Melbourne Age, Australian Medical Journal, Retford News, Edinburgh Daily Review, Dover Chronicle, Isle of Man Times, Huddersfield Examiner, West Country Lantern, Huddersfield Chronicle, Il Tagliamente*, and *Dover Chronicle* have been received.

METEOROLOGICAL READINGS

(*Taken by Stewart's Instruments*).

THE LANCET OFFICE, DEC. 4TH, 1873.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 9 A.M.
Nov. 28	29·87	N.W.	43	45	...	54	43	...	Overcast
„ 29	29·89	W.S.W	52	54	...	55	44	...	Overcast
Dec. 1	30·53	N.W.	37	39	...	50	36	0·10	Overcast
„ 2	30·53	W.	45	50	...	53	37	...	Overcast
„ 3	30·60	S.W.	48	50	...	52	48	...	Overcast
„ 4	30·63	W.S.W	41	43	...	...	42	...	Overcast

Medical Diary of the Week.

Monday, Dec. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations on the Eye, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON (11, Chandos-street, W.)—8 P.M. Dr. J. M. Fothergill, "On the Depressants of the Circulation and their Rise."—Dr. Semple: "What is Diphtheria?" Illustrated by a recent Outbreak in Italy.

Tuesday, Dec. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY. — 8 P.M. Ballot. — 8½ P.M. Mr. Jolliffe Tufnell, "On a Case of Aortic Aneurism (Abdominal) Cured by Position."

Wednesday, Dec. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Dec. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY. — 7½ P.M. Council. — 8 P.M. General Meeting. — Mr. Rivington, "On Psoas Abscess."

Friday, Dec. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Mr. Wheelhouse, "On a Case of Aneurism of the External Iliac Cured by Pressure with Liston's Abdominal Tourniquet." — Dr. Cayley, "On a Case of Hæmoptysis." — Mr. Douglas Powell, "On some Cases illustrating the Rheumatic Origin of Aneurism of the Aorta." — Mr. Brudenell Carter will show a Patient Cured of Sarcoma of the Orbit by Extirpation and Cautery; also a Patient with Sarcomata of both Irides.

Saturday, Dec. 13.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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Agent for the Advertising Department in France—
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